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## STATE OF MARYLAND

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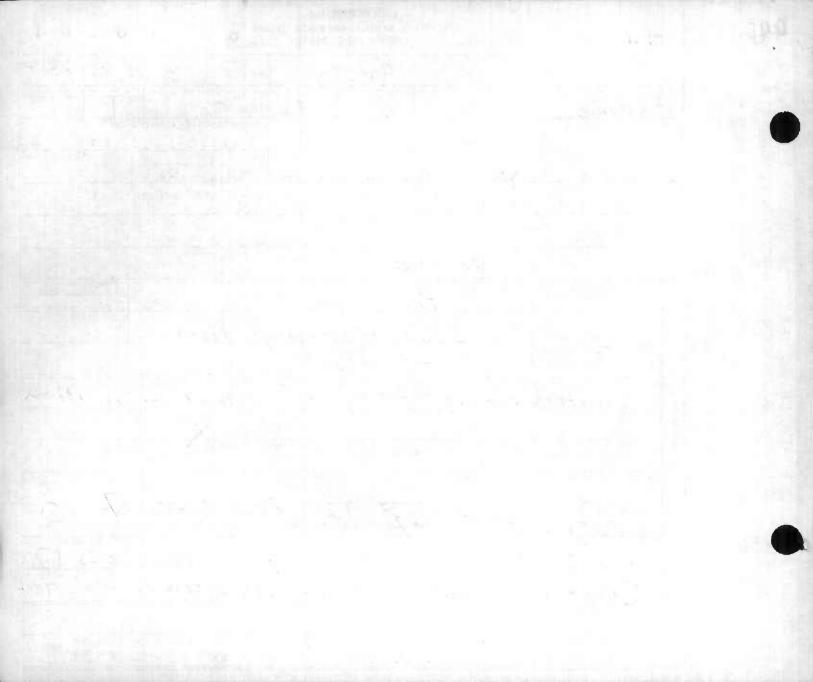
4	1-	REGISTRAR			DEFAR	CERTIF	ICATE OF DEATH	n i Olen	REG. NO.	8 0	0 1
	(TYPE	CEASED NAME ORPRINTI	Male		G.	Ac	dcock	20	DATE OF DEATH MONTH	28 87	750 P
	3. SEX	female	2	RACE	ite	5. DATE C			AGE (IN YEARS LAST BIRTHDAY)  YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
3	7a BI	RTHPLACE (STATE OF	1 0 5 1	CITIZEN OF	WHAT COUNTR	Y? 8. MARRIEI WIDOWE	D NEVER MARRIED	7	Carroll (	OF DEATH	√ MD.
)	S	TY OR TOWN OF DE	e	SN KIC	SUILLE C	ELADDRESS)	prother institution		USUAL OCCUPATION  YPE OF WORK FOR MOST OF WORKING LI		BUSINESS OR
>	Ma	AL RESIDENCE (IF NUE	13P CORNI	roll	134. CITY OR TO	NWO	13d INSIDE CITY LIMIT	6	street address / zip codi 126 Oak Hill Di		784
	IA, FA	Luther		Goc	henour		15. MOTHER'S MAIDEN		beth Catherine	Via	
		VAS DECEASED EVEL YES NO OR UNKNOWN!	R IN U.S. ARM		213-52	- 955/	17 INFORMANMr.	Ken	Adcock Drive Sykesyi		21784
- 10.0kg		18 CAUSE OF DEA PART I. DEATH V	MAS CAUSED IMMEDIATE	BY: CAUSE (a)		neuv	novia		A	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
		Conditions, if any gove rise to im couse (o), stati underlying caus	ng the lost.	(c)	R AS A CONSEG	43°C	du.		s disease		
2	CERTIFICATION	19a DATE OF OPERA	Atra	L reg	Wgit	taxi v	NOT RELATED TO THE	1	AL DISEASE OR CONDITION GA	S, WERE FINDING	GS USED
7	0.5945	210, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OC	CURRED		ES 🗌	NO []
	MEDICAL	21d INJURY OCCUP	RRED	21e. PLACE			21f LOCATION STREET	6	CITY OR TOWN	COUNTY	STATE
		220.1 certify that () saw the second above (i) were	Tylive on.	2/2	25 19	\$7. an	nd that in (my) (aur) api	nion deo	th occurred on the date and hau		
7		DAPHYSICIAN'S N	AME ITHE ON	Facil	une	M	ATTENDIN PHYSICIA 22e ADDRESS	IG NA	MEDICAL STAFF HIRECTOR   PHYSICIAN	3-2	8-67
	23a B	URTAL, CREMATION	es L	TO TE	pools	MANEGE	Po Box	122	29 Sykesuill	e MD	21784
	(	SPECIFY) Burial	, REMOVAL	4/1/87	1.1		Cemetery		CITY OR TOWN	ltimore	STATE MD -

DHMH - 16 60M 7/84 (VRA 15, 4)

8728 Liberty Road Randallstown, MD. 21133

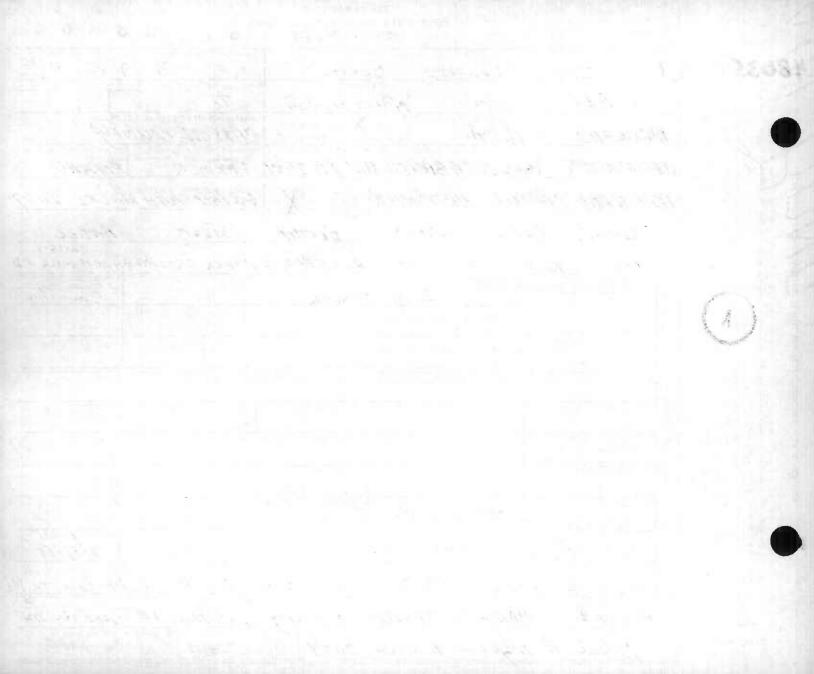
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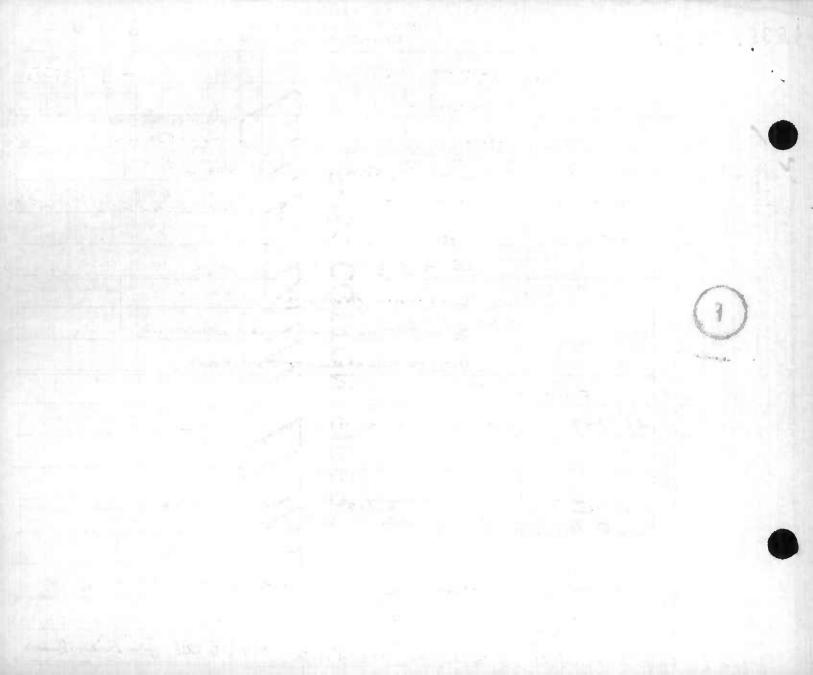


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DICEDI	1	FOR STATE?	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE	0 0 0
0.00011		REGISTRAR		CERTIFICATE OF DEATH	8 PEG. NO.	8004
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	20.11001
may be page 3 ter death	(111)	Ann	ie. 5.	HTKINSON	MARCH 5,	1987 2:30 %
may page	3. SE	(	4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR OF UNDER 24 HRS
s offi		Female	White	Dar. 14 1915	7/ YRS	ONINS DATS PRODES MIN.
Pool House	70.8	RTHPLACE STATE OF FOREIGN	75 CITIZEN OF WHAT COUN	TRY? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
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e fur	10 C	TY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
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hour hour	USU.	AL RESIDENCE (IF NURSING HOME OF TATE	DROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIR CODE	21157
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D 18 /16(	1	MARK	13. Spei	oht Anni	e V	Cumminas
9 4 7		VAS DECEASED EVER IN U.S. A	RMED FORCES? 161 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	1 1/1
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		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (	a), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
( inia		PART I. DEATH WAS CAUS	ATE CAUSE (0) Septh	emia		hours
			DUE TO, OR AS A CONS	SEQUENCE OF		1
o dearn of dearn		Conditions, if any, which	(b)	Thoracostm	ug	nuning
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by J, cr arh		underlying cause last	(c)	Preumotho	rak	monghs
0 0 -	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		MINAL DISEASE OR CONDITION GIVE	N IN PART 110
Then sign ar to bu	ION	Melmoh	ition, Carcon	ma of lowix stp 1	Pelvir Inadition, (	Chumi Diau hea
prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IPYES, IN CERTIFY	WERE FINDINGS USED (ING CAUSES OF DEATH?
ricate has ransit per Hygiene p	RTIF				YES NO YES	
ng physical gentificate ental Hygi Hem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19		
de sa sa	AED.	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	PFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
after th as the th and arked a	-	AT WORK AT WORK		11	1.41	
R. A Vse Vse Heali		220.1 certify that (1) this has	pital) attended the deceased f	rom	. 10	9 tha (I) (we) last
Spito CTO I far of h		saw the deceased alive a above (II) (we) (did) (did)	not) view the body after death.	19 0 ! , and that in (my) (aur) apinion	death occurred on the date and hour	
DIRE ached Dept		22b. SIGNATURE	mison -	DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED
				PHYSICIAN	DIRECTOR PHYSICIAN	1 3 1 1 87
The man A		224. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e. ADDRESS	- 0 ( 1. 11	MD
should be de with the State		MCEVOY,	MICHAGE	1204 13	2) Sykesville	1117 21784
5 - 2 2 7	23o. 1	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	03-07-87	LAKE VIEW CEMETERY	SYKESVILLE C	ARROLL MD
MH - 16 60M 7/84	24. F	UNERAL DIRECTOR	1/2 1/1 //00	RESS -// 250 DA	TE REC'D. BY REGISTRAR 25% REGIST	AR'S SIGNATURE
(VRA 15, 4)		Marsy W. TY	Thent Lylie	wille Ind MAR	(0 9 1001 0 mm 004	

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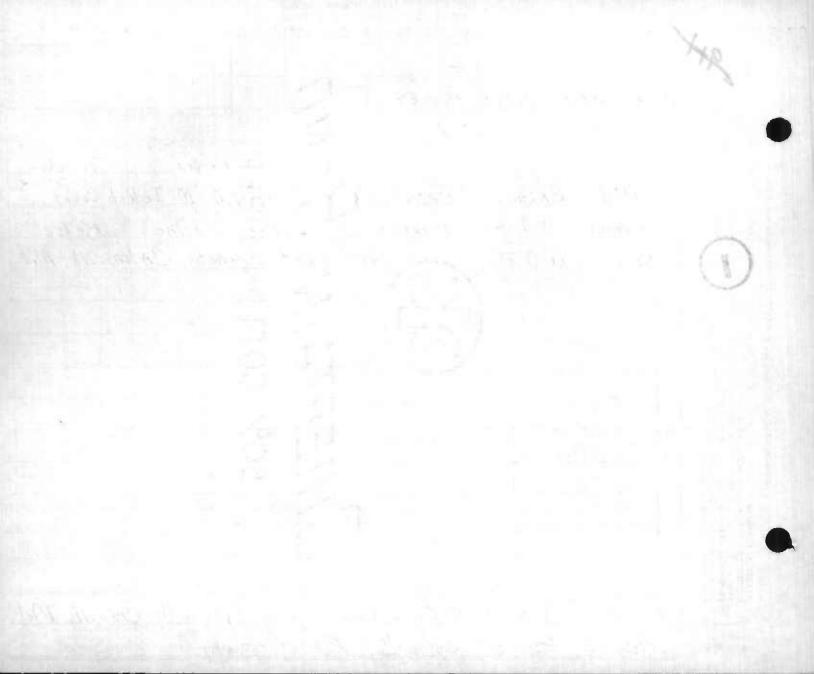


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 198 EMMA. MARGARET 0755 AM 3 SEX 4 RACE & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTH FEMALIE WHITE/Caucasia 918 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH 8 SIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY CARROLL COUNTY U.S.A. Baltimore WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker WESMINSTER COUNTIL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Maryland Carroll 13. STREET ADDRESS / ZIP CODEC Sykesville 13d INSIDE CITY LIMITS? ROOSEVELT DR SYKESVILLE MI) NOXX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Robert Byrd Marie Kohlhepp ADDRESS Roosevelt Drive 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN HE YES GIVE WAR OR DATEST 218-09-3825 Sykesville, MD. 21784 Mrs. Jaqueline Haugan NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIAC ARREST MAMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF PULMONALY EMBOLUC SUSPECTED Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DISLOCATION RIGHTHIP PROSPESSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COPD 190 DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 2115/87 DISCOCATION REMID MOSTHOSIS NOL NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) P NOT WHILE 22a | certify that (1) this haspital) attended the deceased from .19 82 and that in malbur) apinian death accurred an the date and hour and from the causes stated saw the deceased alive an above, (Dawe) diet did not) view the bady after death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME CTYPE OF PRINT 22e. ADDRESS the the 多卡 0 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN March 5, 1987 Gardens of Faith Burial Overlea Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NAME Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133 DHMH - 16 60M 7/84 6 Gulia Davidson. Randall (VRA 15, 4)

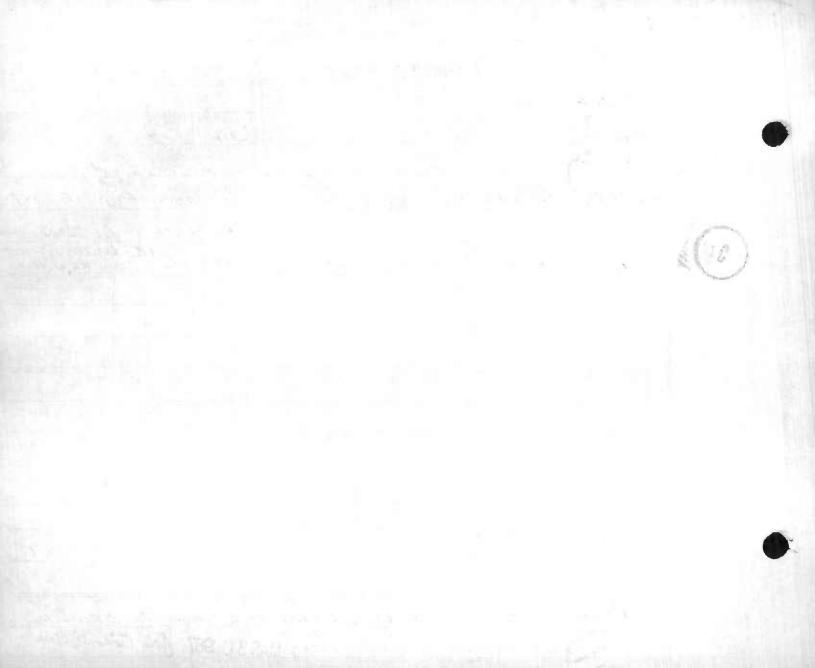


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN XX DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR. FOR YOU VITHIN 72 PRESTON STEELS Edward Barnes 19 19 87 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 24. DATE AST BIRTHDAY) PRONOUNCED NECESSARY, DEAD 19 19 87 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Carroll County 10. CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR INDUSTRY Westminster County General Hospital KIVER 13g STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRES M. FATHER'S NAME 7. INFORMAN' CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FICATE, WRITING THE WORD
E FORWARDED TO THE OHE
TTOR: PAGE 3 SHOULD RE USE
THE STATE DEPARTMENT OF
THE STATE DEPARTMENT OF
THE STATE DEPARTMENT OF NO L 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2} HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 210 PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST.
BALLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Inquiry and in my opinion death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/20/87 Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME William Zane. M.D Penn St. Balto.MD. TYPE OR PRINT ADDRESS 07/84 25M 24. FUNERAL DIRECTOR 25a. DATH REC'D. 256 REGISTRAR'S SIGNATURE BY REGISTRAR **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND



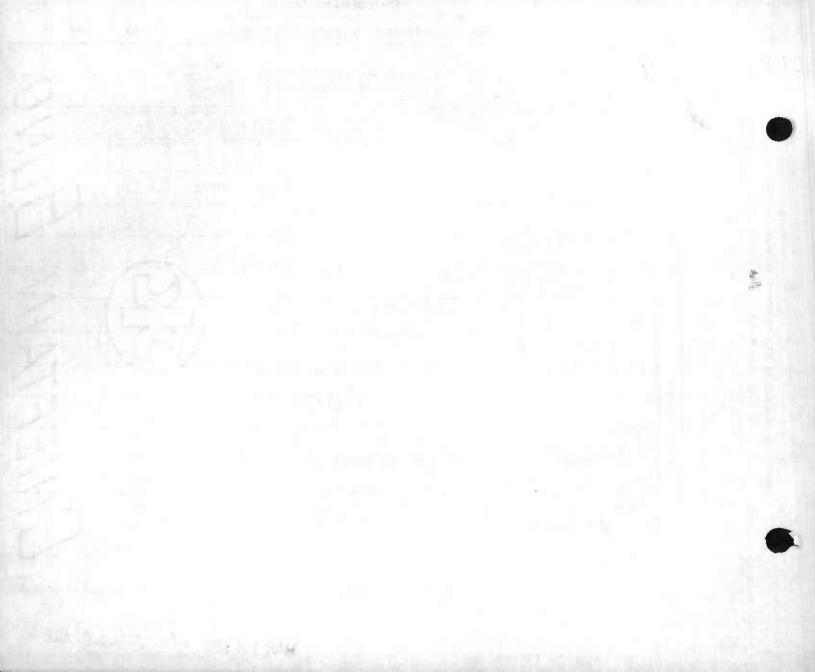
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048712 MAR3	1 77	FOR STATE REGISTRAR	CERTIFICATE OF DEATH & REG. NO.	3 8 0
noy be poge 3		CEASED NAME FIRST OR PRINT) Mar V	ELIZABETH Ban Kent 20 DATE OF DEATH MONTH	27 87 250 PM
ge 4 mo) ector, po	3 SE	FEMALE	Caucasian 10 18 1903 83	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
01/635	BI	RTHPLACE (STATE OR FOREIGN DUNITRY) Mary/and	United States WIDOWED DIVORCED Carrol Count	Y OF DEATH
: 0100	10 C	estminster	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST, OF WORKING LESS)  CAPPOLIC CALLETY GOSDITAL  SEAMS TYPESS	1000
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certifical the content of physician.  To offending physician.  The buriol-transit permit Then please remove corbonopope to the shows only injury, or other traumatic event, the content of them 18 shows only injury, or other traumatic event, the content of the con	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NEV	WIA AVE. 21157
МАВУЦ	B	ATHER'S NAME FIRST  JESS	MIDDLE STULT LAST CARRIE REBECCA	HESSON
IMORE,	160 \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	3 LEISTER'S CHURCH
ST., BALL		PART I. DEATH WAS CAUS	nly one couse per line for (0), (b), and (c) ED BY: TE CAUSE (0) CONGESTIVE HEART FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RDS, 201 equires tl m signed Then plee	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
TAL RECOI	CERTIFICATION	190 DATE OF OPERATION	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
PHYSICIAN: The rending physicion this certificate he buried-tronsit and Mental Hygier downtol		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DAY YEAR	PART 1 OR PART 2)
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TEND or use of Heal		saw the deceased alive or	much offended the deceosed from MCCH 25, 1987, to MCCH 27  1987, and that in (my) (our opinion death occurred on the date and ho	19.57, that (I) (we) last ur and from the causes stated
AL DIRECTAL DIRECTAL DIRECTAL DIRECTAL DIRECTAL DIRECTAL DIRECTAL DEPT.		Lithin <	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/27/87
TO HOSPITAL OR AI retoined by the hosp TO EUNERAL DIREC: should be electhed if with the State Dept of MAPORTANI: if hem?		228 PHYSICIAN'S NAME (TYPE O	OR PRINT) 22 € ADDRESS	
₽P	23a (	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN MARCH 30,1887 KRUDET'S LUTH. CLEMETERY WEST MINSTER	CARROLL MD.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	INERAL DIRECTOR L'AMENT A. Myluz	9 Willis Appres Westmate, Nd 21157 MAR 30 1987 Julia	LEAR'S SIGNATURE



69	4 6 MAR 13 87	1 - STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	moy be poge 3 er death	DECEASED NAME FIRST MIDDLE LAST CARL M. BECKER 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 3 3 87 0150	) "
	Poge 4 mo director, po hours ofter	1. MILE 4 18 18 68 YRS 10 15	HRS MIN.
	death Period de hin 72 ho	BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED STATE OF FOREIGN WHAT COUNTRY? & MARRIED NEVER MARRIED STATE OF FOREIGN WIDOWED DIVORCED CARROLL	MD.
200	O one of the o	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH ACTION, ONE STREET ADDRESS INDUSTRY  Westminster  CARCOLL COUNTY GENERAL HOSTIAL WE'LL  SOLAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, ONE PRESIDENCE BEFORE ADMISSION)  OUT OF TOWN OF TOWN OF THE INSTITUTION, ONE PRESIDENCE BEFORE ADMISSION)  126. USUAL OCCUPATION  127. USUAL OCCUPATION  128. USUAL OCCUPATION  129. KIND OF BUSINESS  INDUSTRY  WE'LL  POUR TOWN OF THE INSTITUTION, ONE PRESIDENCE BEFORE ADMISSION)	OR
BALTIMORE, MARYLAND 2120	ly filled in should be	ARYLAND CARROLL WESTMINSTER 15 MOHER'S MAIDEN NAME  FATHER'S NAME  136. STATE  136. STATE  136. STREET ADDRESS  YES NOTE: NOTE	
E, MARY	complete	Frank Thomas Becker Jennie Irene Schaffer  was deceased ever in u.s. armed Forces? 166 social security no. 17 informant Address	
LTIMOR	be execution and company for the medico	(YES. NOOR UNKNOWN)  (WES. NOO	
W. PRESTON ST.,	quires that the dear state is signed by the attraction of the plane of	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) address of the property of the	
AL RECO	The low retriction.  The low retriction.  The hos been set permit.  Grene prior	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO	,
DIVISION OF VITAL RECORDS, 201	IG PHYSICIAN. offending physis fer this certifical s the buriel-tron n and Mental Hy rked or frem 18:	21g. ACCIDENT WAS UNDERLYING OF ACOUNTY STATE  21g. ACCIDENT WAS UNDERLYING OF ACOUNTY STATE	E
	OR ATTENDING or the hospital or DIRECTOR. Af oched for use on Dept. of Health if them 21 is mo	22a.1 certify that (this haspital) attended the despased from 1981, ta 1981, that (we) saw the deceased alive on abave, (1) (we) (and) (did not) view the bady after death.  22b. SIGNATURE  DEGREE  22c DATE SIGNED	
	TO MOSPITAL OR retoined by the h TO FUNERAL DIR should be detech with the State Dep	224 PHYSICIAN'S NAME (TYPE OR PRINT)  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	1
	BP	Burial, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR LOWN COUNTY Pa. STATE	E
	DHMH - 16 50M 1/B1 (VRA 15, 4)	Charles W. Burrier, Jr., Sykesville, Md. MAR 06 1987	

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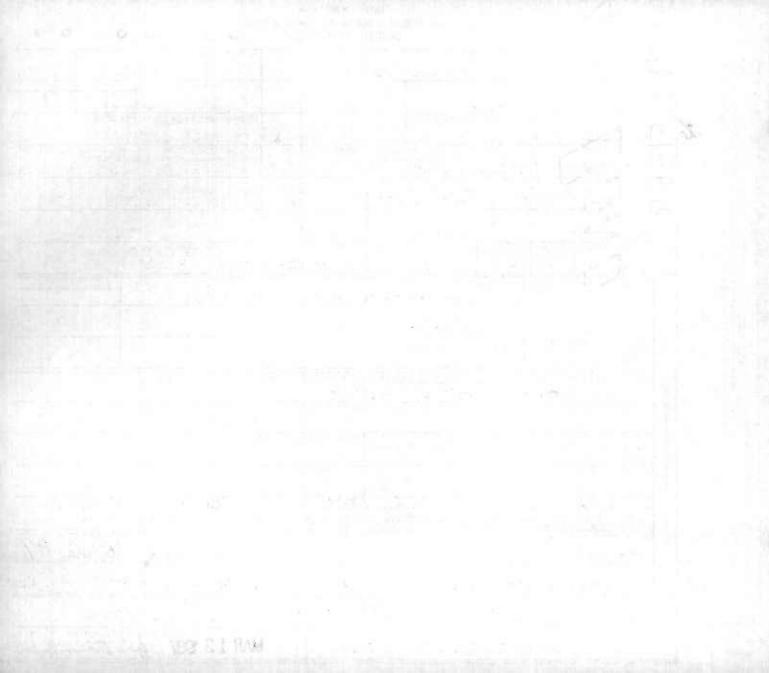
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH 25 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 6/ 10 87 Deborah Carol Bellomy 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 63 White 24 DEAD Female 10 87 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED DIVORCED Carroll County MARYLAND IB. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION CTYPE OF WORK 112h KIND OF BUSINESS OR INDUSTRY WESTMINSTER DIETARY AIDE HEALTH CARE 97 near Barthlow Rd USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET ADDRESS 21157 13a STATE CARROLL WESTMINSTER MARYLAND YES [ NOX 615 STONE CHAPEL ROAD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST PRIT LAST EIRST JOHN JACOB NOYES BERNADETTE MILLER MARY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 14h SOCIAL SECURITY NO. 21157 (YES, NO. OR UNKNOWN) DAVID BELLOMY WESTMINSTER, MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Head and Neck Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 100 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES TY 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING WOR subj. occupant of truck in multi-vehicle ac-CONTRIBUTING CAUSE OF DEATH 10:30PM 3/ 6/ 19 87 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) Rt. 97 near Barthlow Rd., Carroll Co., Md. WHILE NOT WHILE roadway X that the ge of the remains described obove, held an 220 1 certify that 1 Inspection Inquiry and in my opinion Homicide death resulted from Natural couses Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/7/87 DATE SIGNATUR SIGNED EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 03 - 11 - 87MEADOWRIDGE BURIAL CEMETERY HOWARD MD ELKRIDGE 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE. **DHMH - 17** FUNERAL HOME SYKESVILLE, MD Litia Dividion Re (VR A15 ME (5))



	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. NO.	8 0	8 4
	1. DEC	CEASED NAME FIRST	N.	AIDDLE	1.	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
E MAR	3 YPE	Mildre Mildre	d V:	irginia	Ben	nett	03-	05-87	
	3. SEX		4. RACE	3-11-0	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		FEMALE	WHI	re	10-	11- 1923	63 YRS	MONIHS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
6		ARYLAND	U.S.	. A .	WIDOWE		CARROLL COU	NTY	MD.
N		TY OR TOWN OF DEATH	11. NAME OF H		NG HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND O	F BUSINESS OR
-		ESTMINSTER	CARROI	LL COUN	TY GE	N. HOSPITAI	SECRETERY.		NGHOUSE
5	13a S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU ARYLAND CAR		136. CITY OR TOW SYKESV	VN I	13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO	ENUE 2	21784
50	I4. FA	THER'S NAME CLARENCE	MIDDLE	CAPLES		15. MOTHER'S MAIDEN NA/ ETHEL	WIDDLE	MCQUAY	
1		AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	4644° RI	DGE ROAD	
	,,	NO		217121	869	CONSTANCE (	CONAWAY MT. A	IRY, MD	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per ED BY: TE CAUSE (o)	line for (a), (b), or	eroti	c cardiovascu	lar disease	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
injury, or other trou	ION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  Acute hemon	CONDITIONS CO		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	GIVEN IN PART 110	3,
yno swor	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES []	
9		210, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	B PART   OR PART 2)	
orked	MEDICAL	21d INJURY OCCURRED  WHILE OF NOT WHILE OF NOT WHILE OF NOT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo		220.1 certify that M (this hasp	so me	10 (	57, or	d that in (my) (ser) opinion of	death accurred an the date and t	19 O	that (we) last
ANT: If them		ahows (17/20) Edicing 1875 275 SIGN UNE 22d PHYSICIAN'S NAME (TYPE	C R392.4 WW	after death,	,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22CDATE 6 M	SIGNED AND 1
IMPORTANT:		Richard A.	+				nty Gen Hosp, Me	emorial A	lven. Wes
	23a B	URIAL, CREMATION, REMOVAL BURIAL	23h DATE 03-09-			EMETERY OR CREMATORY R CEMETERY	TAYLORSVILLE	CARROLL	MDATE
OM 7/B4 , 4)	24 FU	INERAL DIRECTOR HATCHT FUNERAL	HOME SY	KESVILLE	, MD 2		MAR 1 2 1987	ISTRAR'S SIGNAT	A

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

STATE OF MARYLAND



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	0	8	U	9	
SEDEATH "	AITL	DAY	VEAD	101 110	11.1

Т	REGISTRAR		CE	RTIFICATE OF	DEATH	REG. NO	0 0	0		
	DECEASED NAME FIRST	M	BJOOLE	LAST		2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1	Paul	crit	€.	Bradbu	ru.	3/10/87			1220 pm	
3	3. SEX	4. RACE	5. 0	DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS HOURS MIN.	
L	Male	White		11 23	1916	70	YRS.	DATS	MIN.	
7	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?	ARRIED NEVER	0	BALTIMORE CITY O	R COUNTY OF DE	ATH		
	Michigan	Ameri			ONORCED	Carroll	County		MD.	
	O. CITY OR TOWN OF DEATH		OSPITAL, NURSING HE			12a USUAL OCCUPATE		KIND OF	BUSINESS OR	
1	Mt. Airy		ant View		Home	Security	Guard	JOINT		
	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN		GIVE RESIDENCE BEFORE ADMI		CITY LIMITS?	12. STREET ADDRESS	ZIR CODE 2	177	1	
		roll	Mt. Airy		NO 🔀	7912 C1	cle Dri	ve		
Þ	II. FATHER'S NAME	MIDDLE	1457	15. MOTHER	S MAIDEN NAM				193	
D			adbury	Es	ne me	WIDDLE	Da	11'a	S	
T	60 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY	NO. 17 INFORM	MANT	ADDRE	SS	73	TEST IN	
1	Yes, NOOR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	367-09-6	194 Vi	olet L.	Bradbury	7			
F	18 CAUSE OF DEATH (Enter on	ly one cause per l	line far (a). Lb., and (c)			,	1 86	APPROXIM	ATE INTERVAL NSET AND DEATH	
1	PART I. DEATH WAS CAUSEI	D BY: E CAUSE (a)	/erm	inal h	etertation	i colon Can	an			
Т	MACON		AS A CONSEQUENCE				24 21 4			
1	Canditions, if any, which	Canditions, if ony, which ( 1b)								
ı	gove rise to immediate cause (a), stating the	10,	AS A CONSEQUENCE	. 01						
1	underlying cause lost	(c)	AS A CONSEQUENCE	OF						
1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELATE	D TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN P	ART Ita		
ı	20	Use Love	N'S Deser	ie						
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	146 CONDIT	TION FOR WHICH OPE	RATION WAS PERF	ORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C.	FINDING	GS USED	
1	=					YES NO	YES [	AUSES C	NO [	
1	210. ACCIDENT WAS UNDERLYING		NJURY A. MONTH DAY	VE AD 216 HOW	INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR F	ART 2)		
I	OR CONTRIBUTING CAUSE OF DEA			19						
1	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED	21e. PLACE C	OF INJURY	211 LOCAT		CITY OR TO	wn cou	YIN	STATE	
1	WHILE NOT WHILE AT WORK	(AT HOME, STRE	EI, FACTORY, OFFICE, FARM,	2/-		- 6	6			
Т	220.8 certify that HT (this haspit	tall attended the	deceased fram	5/3/		_, to3//6	19_/	, th	nat (I) (we) last	
1	saw the deceased olive on above, (1) (we) (did) (did) ro	) wew the body o	after death.	, and that in (m	y) (aur) opinian de	eath accurred on the do	ite and hour and fro	om the co	auses stated	
Т	226. SIGNATURE	the	1	DEGREE				DATES	IGNED	
1	()				PHYSICIAN X	MEDICAL STAF		3/1	17	
1	224. PHYSICIAN'S NAME (TYPE O			22e ADDRI		0 00	2	0	2 - 2	
	ANTHUNG. K	ANALO	. M.D.	1180.	1 tangent	ond Rd. 1.	work	w.	2/770	
1	230 BURIAL, CREMATION, REMOVAL	236 DATE	23c NAMI	E OF CEMETERY OF	RCREMATORY	23d. LOCATION				
	Burial	3/13/	87 Park	clawn Me	m. Pk.	Rockvi	lle Md.	1	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL OR

24 FUNERAL DIRECTOR Olin L. Molesworth, P.A., Damascus, Md.

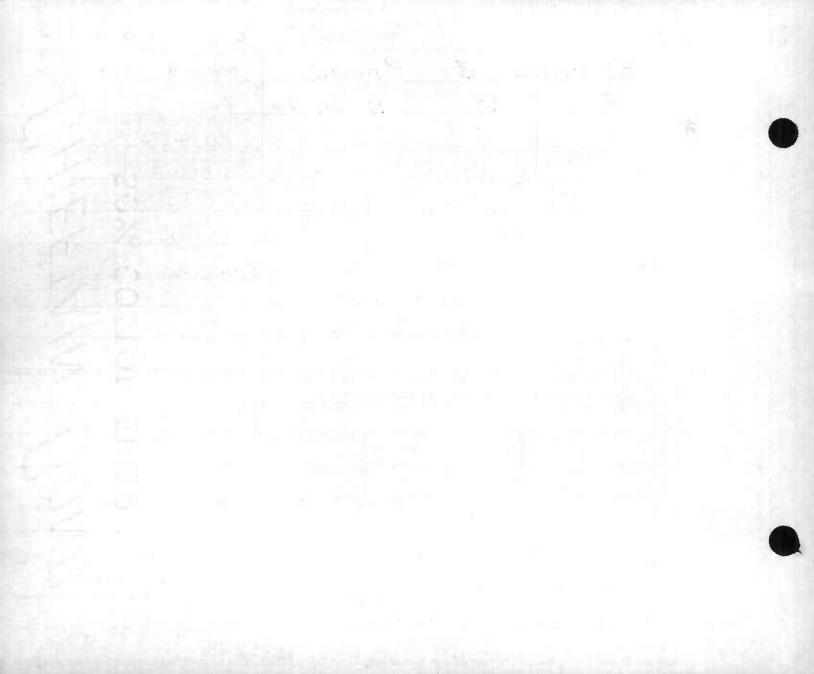
Rockville, Md. 25a DATE REC'D BY

WWII 367-09-6194 Violet L. Bradbury

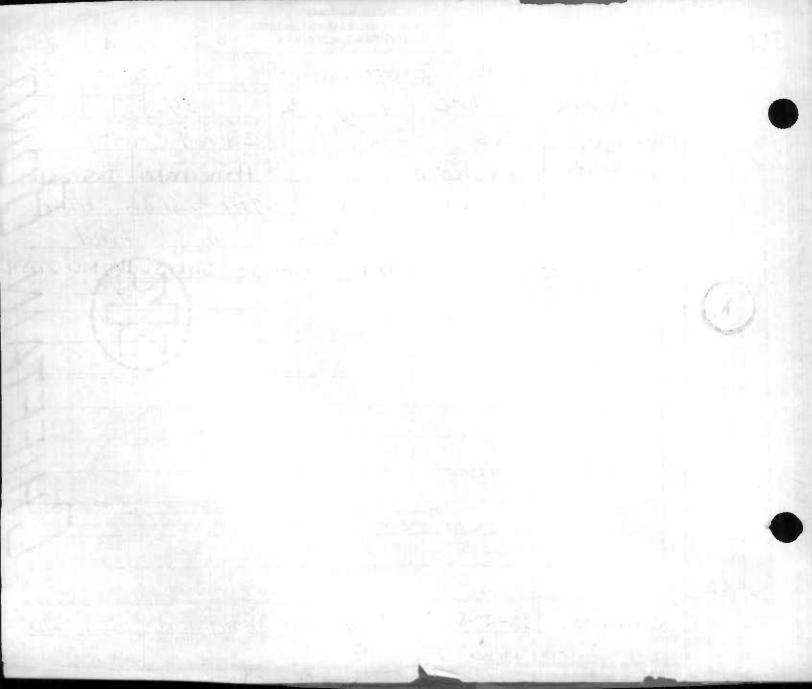
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME . 20 DATE KNOWN 26 HOUR OF ESTI-TYPE OR PRINTS PHYLLK 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE DAY PRONOUNCED DEAD 7b. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED West Virginia U.S.A. II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS Housewife. 13b. COUNTY 13a. STATE 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS Westminster NO F 2423 Mayberry Rd. / 21157 Maryland Carroll 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EIRST Hendian DeLawder Pear 1 Bennie 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 765 BOVESSchool Rd. YES, NO, OR UNKNOWN! I HE YES GIVE WAR OR DATEST 17325 Gettysburg, PA John Bright 215-26-1066 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) W. PRESTON ST. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO | DEPARTMENT 8 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) RDED TO THE GE 3 SHOULD P HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Suicide Homicide Undetermined monner death resulted from Notural causes PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 03/10/87 St. Pauls Lutheran Uniontown, Maryland Carroll, Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 136 E. Baltimore St. **DHMH - 17** (VR A15 ME (5)) 21787 Taneytown, MD Skiles Funeral Home

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			STA	TE OF MARYLAND		
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ti U J 4 HAR 13	01	REGISTRAR		FICATE OF DEATH	REG. NO.	
m.s	1. DE	CEASED NAME FIRST	MIOOLE	LAST	2a. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
moy be poge 3 fer death		13 Willie	13 131	NWO	March 4,	1987 1050M
The po	3 SE	X 4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		J-	5	29 10	76	YRS
Po Po Po	7s. B	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
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He fire	180		OF HOSPITAL, NURSING HOME IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	176 KIND OF BUSINESS OF
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hou hou a be	, €05U 13a.	AL RESIDENCE LIF NURSING HOME OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP	CODE ARIAIX
AND 24		MD V	Balto.	YES DO NO	GOI WYAS	DAKEAUE
RYL within	14. F.	ATHER'S NAME FIRST MIODLE,	LAST	15. MOTHER'S MAIDEN NA	ME MIGDLE .	IASI
AM be de		UNIC			UNK	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours cattending physician.  When this certificate has been signed by the attending physician and completely filled in but the burial-transit permit. Then please remove corbon papers, Pages 1 and 2 should be fill the ond Mental Hygiene prior to burial, cremation, or remayal.  Onked or frem 18 shows any injury, or other traumotic event, the medical examine must be accepted.	160	WAS DECEASED EVER IN U.S. ARMED FORCE WEST THE OF CONTROL OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE		17. INFORMANT	ADDRESS	.21136
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S, 26	7	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU		NINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
ORD requestration of the services of the servi	ē	acute rend for	luce: Dishites			
Son Son	NO.	19a DATE OF OPERATION 19b Co	ONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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DF VII Harical Harical Harical Harian Ha Ha Ha Ha Ha Ha Ha Ha Ha Ha Ha Ha Ha			ME OF INJURY R. A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART I OR PART 2)
SICIA ng p central vental hental	NA NA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
PHY ending this he bu dor	MEDICAL	(AT HO)	ACE OF INJURY ME. STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
DIVISION OF PROPERTY OF THE OF		AT WORK AT WORK				
Heoler Is		220.1 certify that (1) (this hospital) attended sow the deceased alive on		19 19 87	, to march 4	, 19 <u>\$7</u> , that (I) (we) last
ATTI Ospit d for T. of m 21		above, (1) (we) (did) (did not) view the			death accurred an the date ar	nd hour and fram the causes stated
OR he he booche oche		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
PITAL by th ERAL oe detro Stote		John S. Hans	an on	PHYSICIAN [	DIRECTOR PHYSICIAN	7
HOSPITAL inned by the FUNERAL build be det h the State ORTANT:		22d PHYSICIAN'S NAME (TYPE OR PRINT)		27e ADDRESS	St. Wastmin	T > 1 7 11 5 7
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store		JOHN S. HARS				
	236.	BURIAL, CREMATION, REMOVAL 236. DAT	IV	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE_
BP	20.5	Durial 3-1	3-81 King	s Memorial	Bandal	STOWN MD
DHMH - 16 60M 7/84	74 F	UNERAL DIRECTOR	ADORESS	25g. DAT	E REC'D. BY REGISTRAR 255. R	EGISTRAR'S SIGNATURE
(VRA 15, 4)	N	March tuneral Hon	ne 1101 ENOr	HAVE. MAI	17 1001	C Town See Les L'ourse



20.	REGISTRAR			MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	B REG. N		8 0	9 4
(TYP	Grenning Gr		1 11	UTT	roughs YEAR		3 26 THDAY) IF UNIT	87 DER I YEAR IF UNE	4PM DER 24 HRS
10 C	TY OR TOWN OF DEATH	1 11, NAA	N OF WHAT COUNTRY?	WIDOWE	NEVER MARRIED DI DIVORCED	Carrol	Cour	aty b. KIND OF BUSH	MD,
USU:	AL RESIDENCE (IF NURSING STATE 13	CHOME OR OTHER INST	13c. CITY OR TOW	N	134. INSIDE CITY LIMITS? YES NO  15 MOTHER'S MAIDEN NAM	130 STREET ADDRESS, 1200 Th	ZIP CODE	Dame	estic 84
	ES, NO OR JINKNOWN)	U.S. ARMED FOR		PRITY NO.	Lillian 17 INFORMANT ROY BUTTOU	ADDRE		e, MD	2178
NO	Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	DUE DUE DUE DUE	TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  (c)	INCE OF	Hart Pailer	O NAL DISEASE OR CON	DITION GIVEN IN		NUCLAIN
CERTIFICATI		LYING 21b. 1	TIME OF INJURY			200 AUTOPSY?  YES NO	IN CERTIFYING	CAUSES OF DE	ATH?
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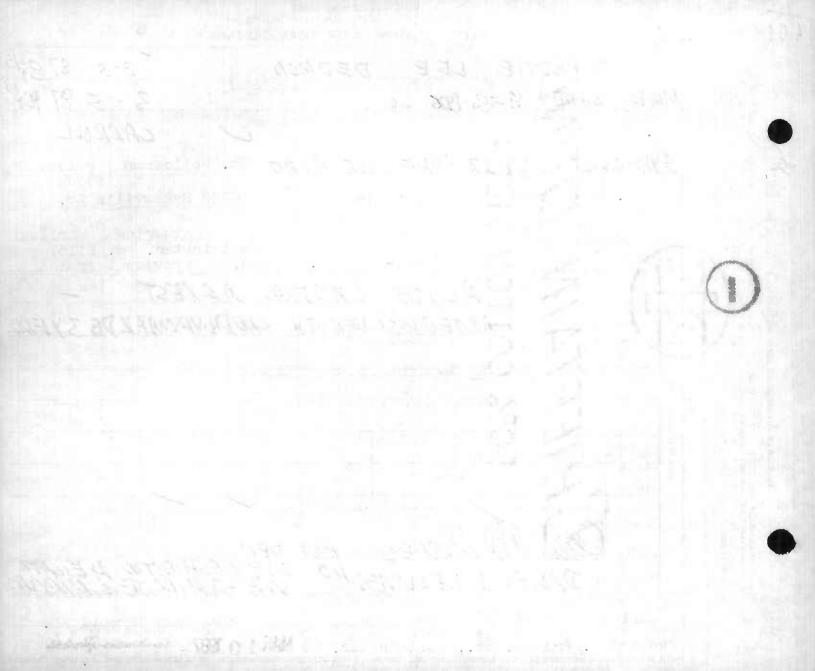


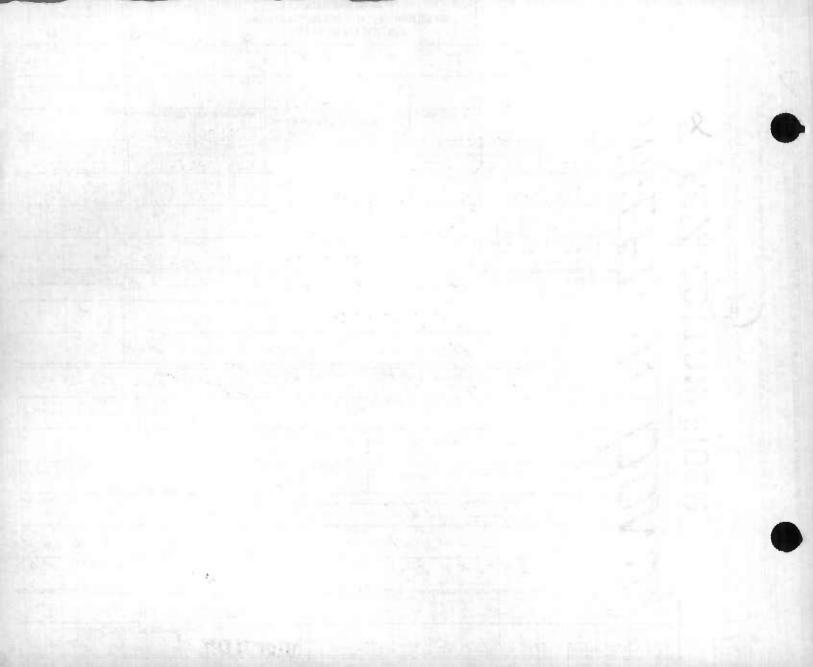
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \* STATE MEDICAL EXAMINER'S CERTIFICATE ORDEATH U REGISTRAR DECEASED NAME 20 DATE KNOWN ANTH (TYPE OR PRINT) ESTI-DEATH MATED 190 6 AGE (IN YEAR DATE LAST BIRTHDAY PRONOUNCED DEAD 60 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Carolina USA WIDOWED [ ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY St. Policeman Police 21784 6722 Sykesville Rd. 136 COUNTY III STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Carroll Sykesville NO K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Marvin Lee Dedmon Daisv Katherine Warlick 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Westminster, Md. 21157 (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES! ves 216-20-8245 2 Parkview Terrace Dedmon. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF LEDUTIC CARDOVASCULAY DIS 3 Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the rema scribed above, held an Autopsy Inspection and in my apinian Inquiry L Undetermined manner death resulted to Hamicide EXECUTE THE CI MAGE 4 SHOUL TO FUNERAL D AFTER DEATH. BALTIMORE, M. DATE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION COUNTY STATE Lutheran Burial D7/B4 Uniontown Carrol BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Washington Road **DHMH - 17** Robert K. Pritts, Sr., what they down Westminster. (VR A15 ME (5))



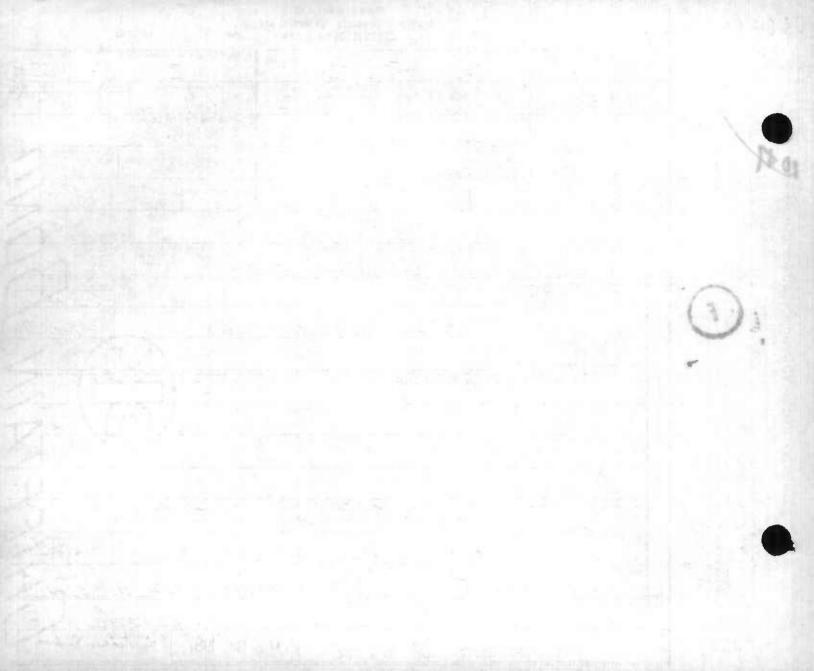


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Co Die		st Virginia	U.S.A.	WIDOWE		Howard Con	unty	MD.
A Service Service A	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		BUSINESSOR
of the led w		Sykesville	1124 Taylo		Road	Supervisor		FC.
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AD 24 h					13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		0.4 = 0.4
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BALTIMOR one be exected and allers. Poget	,			5-5447	Juanita Fero	uson Sykesvil		
ALT te b		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a)	(h), and (c).)				ATE INTERVAL
FE 0.0	133	18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE		PSIS				Les
S Cert		IMMEDIA	2 (1002 (0)				T.T.	11
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ON HYSH HYSH bding on the or the	음	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	21f. LOCATION			3.6
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END ol ol o		220.1 certify that (1) (this hospin saw the deceased alive on	~ //	0-2	19 00	, to		at (1) (we) last
Spring Sp		abave, (1) (we) (did) (did na	t) view the body ofter death.			death occurred on the date o		
OR A DOIREC Oched Dept.		226. SIGNATURE	a . /	1	DEGREE		22c. DATE SH	SHED
. E D =		pul C/	mund	m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 2/3/	05-4
HOSPITAL ned by th FUNERAL old be detent the Store ORTANT:		22d. PHYSICIAN'S NAME (TYPE	R DRINT)		22e. ADDRESS	1 0 11	11 1 5	
- 0 - 0 + 0		PAUL E. G	DRMGSY		900 (atox	Ave Botts	5. Md 31	224
0 of 0 of ₹	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	7.01.07	-
BP	(	SPECIFY) BURIAL	03-05-87		W CEMETERY	CITY OR TOWN	COUNTY	STATE
	24 FI	JNERAL DIRECTOR	103-03-07	Trance ATI		SYKESVILLE TE REC'D. BY REGISTRAR 230. F	CARROLL PEGISTRADES SIGNATURE	MD
DHMH-16 30M 2/80 (VRA 15, 4)		HAIGHT FUNERAL H	IOME CARADOTATE	DRESS	794 MA	RO5 1987	ha Deordoon-Roo	dass
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) Rosa Forwood A. 1987 6:50a March 22. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH April 23, 1898 Female White BURTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX Maryland U.S.A. Carroll County WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carroll County Gen. Hospital Westminster Examiner Clothing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

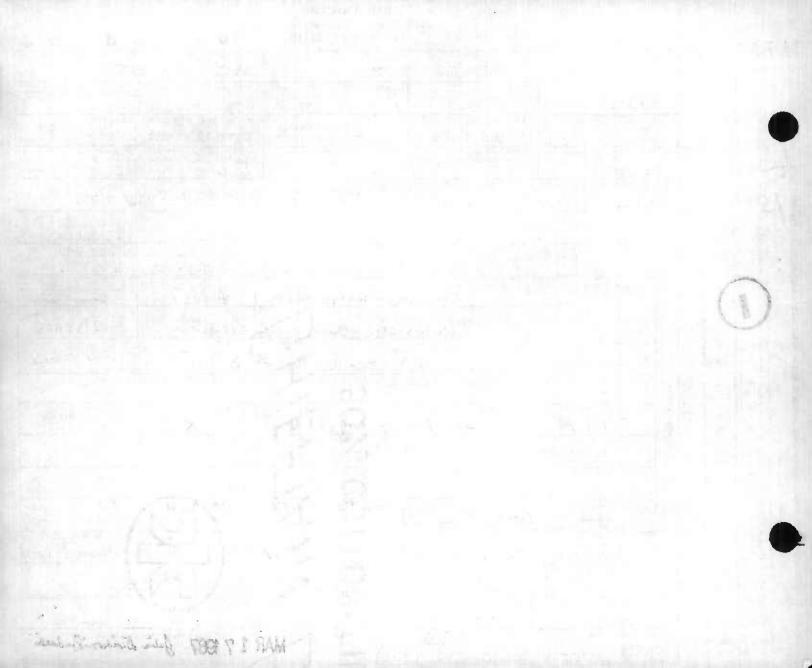
131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 138.STREET ADDRESS / ZIP CODE 4303 Falls Rd. Md. Baltimore 21211 YES TA 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME O. MIDDLE Helen Scott Waterson George Forwood 166. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 257 Wilson St. (IF YES, GIVE WAR OR DATES) 214-22-6408 Kathleen Bohn Havre de Grace, Md. 21078 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to. PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF FAILURE - CHF VEWAL Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO 1 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE 220 I certify that (1) (this transmit attended the deceased from sow the deceased alive on\_ and that in (my) tom) apinion death occurred on the date and hour and from the causes stated 77k SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL old be dete MPORTAN 224 PHYSICIAN'S NAME TITE OFFICE 3125 BALTO, BUD, FINKYBURG, FIDZIALE RENZO RICCI 3 = 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Lutherville, Balto., Md. STATE Mar. 25, 1987 Carrolls Chapel Cem. Burial 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Owings Mills, Md. (VRA 15, 4) MADO S GODS

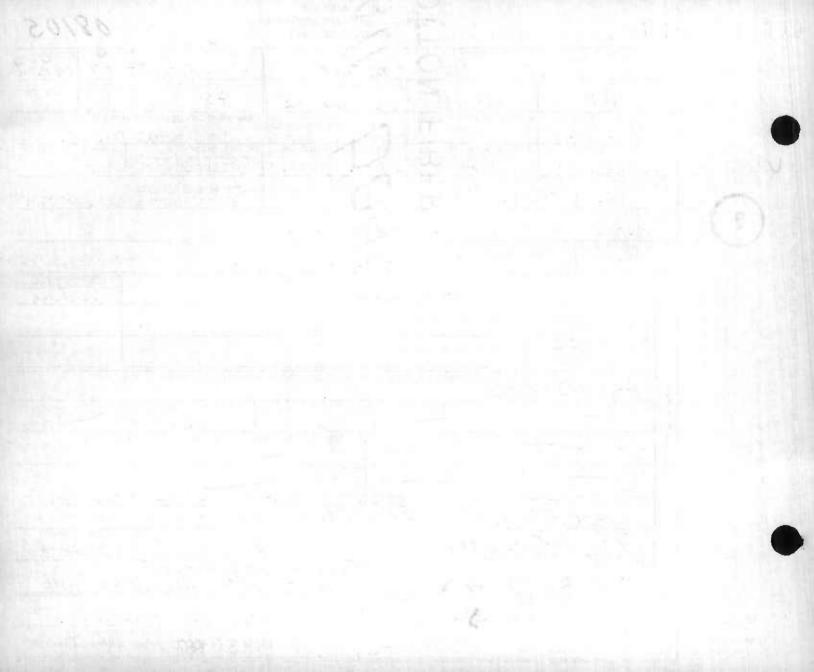
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MONTH I DECEASED NAME TYPE OR PRINT 13, 1987 ANNA ELIZABETH FROCK MARCH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX DAYS MIN. MONTH DAY YEAR White Female 23,1907 July YRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Carroll County, United States WIDOWED DIVORCED | Pennsvlvania 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIEE) Shoe Factory 319 E. Baltimore St. Laborer Taneytown JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 5735 Conover Rd. / 21787 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Taneytown Carroll Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Valentine John Waybright Lillie Belle 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 725 Russel Tavern Rd. LIE YES GIVE WAR OR DATEST IYES NO OR UNKNOWN John M. Frock Gettysburg, PA 17325 196-16-8820 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Arres 1 CARDIAC-130CDVR410C Frankleste IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF CHWCOV. OF BrowsT. UETASTATIC Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last EANCER OF RIGHT Broads PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIEYING CAUSES OF DEATH? NO | DIVISION OF VITAL CERT 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE LAT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK Musuch MAY 220 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an HALCH and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. [1] (we) [did] (did nat) view the bady after death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN should be de with the Stat IMPORTANT 224 PHYSICIAN'S NAME LAPPE OF PRINT 22e ADDRESS 455 S. Washington St. J. Baranski Edward 23d LOCATION 236. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL COUNTY Buria1 03/16/87 Mountainview Carroll, Maryland Harney. 24 EUNERAL DIRECTOR 136 E. Baltimore St. DHMH - 16 50M 4/83 Funeral Home Taneytown, Md. 21787 (VRA 15, 4)





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FOR

STATE OF MARYLANI		ST	A	TE	OF	MA	RY	LAND
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## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			CERTIFI	CATE OF DEATH	,	Geo. No.	100	106
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3.	SE X		CAUC.	ASIAP	5. DATE O	F BIRTH	6. AC	9 2	FUNDER LYPAN MONTHS BAYS	HOURS WIFE
70		THPLACE   STATE OR FOREIGN 76	CITIZEN OF W	HAT COUNTRY	? 8. MARRIED WIDOWE	, ==	B 9 B/	CARROLL	Coventy	MD.
1	W.		UEST MI	PACILITY, GIVE STREE	NORS	ROTHER INSTITUTION ING CENTE	ITYP	USUAL OCCUPATION E OF WORK FOR MOST OF WORK FSHIELD		F BUSINESS OR
13	la S1	L RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT Carro	Y	Westm:	A/NI I			STREET ADDRESS / ZIP C 245 W . Ma	CODE Rin St.	21157
6	0	William	DOLE H.	Geima		15 MOTHER'S MAIDEN Elizat		MIDDLE	Willi	ar
16		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN)   (IF YES, GIVE Y NO NA	WAR OR DATES)	216-14	1-5795	M. HALTS/	2	union Bu	else No	MATE INTERVAL ONSET AND DEATH
140	NO	Conditions, if ony, which gove rise to immediate couse lol, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQU AS A CONSEQU	JENCE OF	NOT RELATED TO THE TI	TERMINAL	DISEASE OR CONDITION	N GIVEN IN PART 1:	0
	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	H OPERATION	N WAS PERFORMED		DO AUTOPSY? 20b. IN C	IF YES, WERE FINDING CAUSES YES	NGS USED S OF DEATH?
	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	21b. TIME OF HOUR A.M P.M 21e PLACE O	i. MONTH (	DAY YEAR	216 HOW INJURY OCC	CURRED (	ENTER NATURE OF INJURY IN ITE	m 18 PART L OR PART 2)	
1	MEL	WHILE NOT WHILE AT WORK	(AT HOME STREE	ET FACTORY OFFICE	ar tro	STREET	20	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hospital sow the deceased alive on above (1) (two) (did) (did not) 226 SIGNATURE	- 1		77 on	d that in (my our opin	nion death	occurred on the date on		
1		120. PHYSICIAN'S NAME (TYPE OR	PRINT)		m).	ATTENDING PHYSICIAN 22e ADDRESS	IG ME	EDICAL STAFF RECTOR PHYSICIAN	3/	22/27
		m,	NTHIC		J. J.	1 ./	TOU	3,,,,	21787	
	15	URIAL, CREMATION, REMOVAL SPECIFY Burial	3/26	/87 M	eadow	Branch		Westminste		
24		Robert K. Pri	Washing tts, We	ston Restmin	ster,		AAD @	"D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT	URE

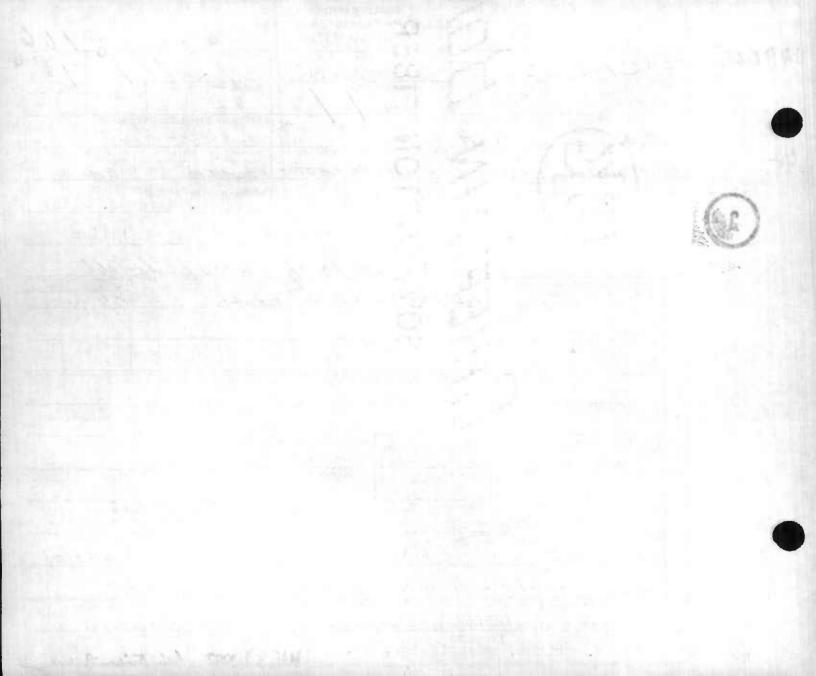
Asia Timber Rules

MAR 3 1 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the media



FOR

11-STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	CATE OF DEATH	, ORE	G.NO.	0 8	1	0
I. DECEASED NAME FIRST	lwin	_ /.	AST #	20 DATE OF DEA	TH MONTH	12 1987	26 HOU	R
		Grift		1 105			11	7
3. SEX	4 RACE	S. DATE O		6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS WAYS	HOURS	24 HRS
Male	White	Apr		98	YRS.	MONTHS	HOURS	MIN
TO BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH		
	USA	WIDOWE						
Maryland  O CITY OF TOWN OF DEATH		PITAL, NURSING HOME O		Carro	II Coun	IY I 126 KIND C	P DISCIPLE	N C C
	I SENOLIN SUCH FAI		K OTHER INSTITUTION	(TYPE OF WORK FOR			DE BOSINE	35 O
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William	David (	Griffith	Emma			Give	n	
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STREET

Grace United Meth. Ch. Cem

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from de dosed alive on and that in my (aur) apinion death accurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

TRIFFIN

230 BURIAL, CREMATION, REMOVAL 23d LOCATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT.

CERTIFICA

MEDICAL

Burial

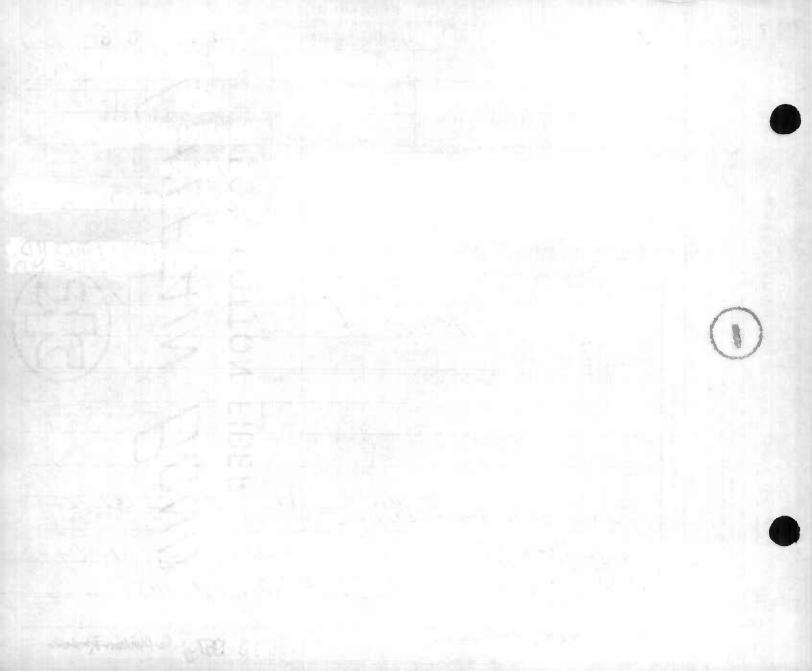
or Hem 18 sho

Lawson, 10 W. Padonia Rd Martin D.

CITY OR TOWN

COUNTY

STATE



STATE OF MARYLAND 149446 APR -1 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2g. DATE OF DEATH MONTH YEAR 7h HOUR LIYPE OR PRINT 87 28 MARCH ovence M 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH MONTH YEAR 07 6 Female White Q AYRS. To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED ENEVER MARRIED Carroll Co. Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Cent Westminster USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? St. Westminster NO F Md Carrol YES [ 201 Mark Way 21157 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE MIDDLE Elmer Hunt Keziahe Barnes ADDRESS 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 215-03-8521A Mrs. Martha H. Wilmer. Hampstead no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY FAILURE DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF WEEKC METASTATIC TO LIVER ( CARCINOMA Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21. PLACE OF INJURY 211, LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22s.1 certify that (I) (this haspital) attended the deceased from NO to Ma PCH 30 19 3 MARCH 19 10 87 saw the deceased alive an\_ and that in (my) touch opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death. DEGREE 22c. DATE SIGNED ATTENDING FUNERAL PHYSICIAN 1 MPORTANT 22d PHYSICIAN'S NAME LIVE OF PRINTS BLYN the the 0 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3 - 31 = 87Providence Cem. Finksburg Carroll Md. 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 ADDRESS ulia Divideon Par (VRA 15, 4) Funeral Home Hampstead

4)

AVANTAGE TO A

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DHMH - 16 60M 7/84 (VRA 15, 4) Charles W. Burrier, Jr., Sykesville, Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH / REGISTRAR I-DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED A AGE LIN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD BALTIMORE CITY OR COUNT 34 INSIDE CITY LIMITS? STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sterbach Albert Elizabeth Halek 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Westminster 21157 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-26-0602 Cooper, 531 Bachman Valley Ro 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AILURF IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ANELIA Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [ NO 🗌 719. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21f. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Homicide Undetermined manner death resulted from Natural couses Suicide ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Buria] COUNTY STATE A Most Holy Redeemer Baltimore 07/84 25M 24. FUNERAL DIRECTOR Washington Road **DHMH - 17** K. Pritts, Sr., Westminster. MD (VR A15 ME (5))

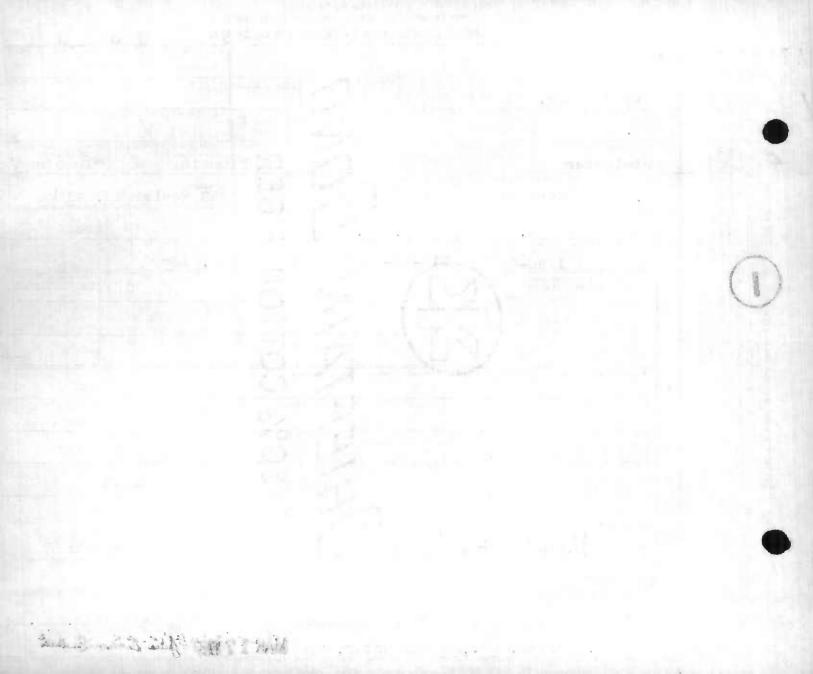
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X 1. DECEASED NAME THE OR PRINT) ESTI-DEATH MATED 3-13-8719 4 RACE 3 SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 10 Male Cauc. 30 60 26 3-13-8719 2:16a 7b. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K FOREIGN COUNTRY) USA WIDOWED DIVORCED Carroll County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 105 Bond Street FOR MOST OF WORKING LIFE) OR INDUSTRY Plumbing Plumbing Westminster ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS MD. Carroll Finksburg 1453 Wesley Rd. 21048 YES [ NO E 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ann Perez Hepding, Jr. Alan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-84-6399 Alan Hepding, 13e 1980-86 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute carbon monoxide intoxication IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) A RDED TO THE CHIEF

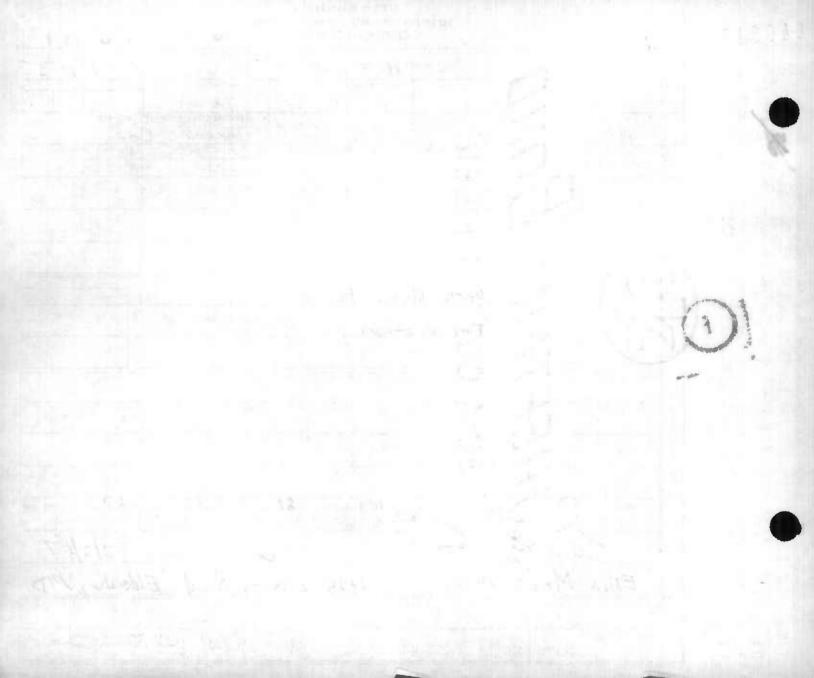
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101 PRIOR TO BURIAL 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR subj. attached hose to talepipe of car MEDICAL 11:22PM 3-12-87 CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Carroll Co., Md. STATE 105 Bond Street garage PACE 4 SHOULD BE FUNE TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Suicide X Hamicide \_ death resulted fram: Notural causes Accident Undetermined monner TITLE (SPECIFY) DATE 3-13-87 Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Garrison Forest Owings Mills 24 FUNERAL DIRECTOR Washington Road **DHMH - 17** Robert K. Pritts, Sr., Westminster, MD (VR AIS ME (5))



(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-R FILES.
HOURS ATHRYN DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 15 DEAD 0 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEA To BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED MD. 쳟 WIDOWED A DIVORCED P.M. 3. JETAIN PAGES TORY SHOULD BE ALLED. 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK OR INDUSTRY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS HESTMISTER 14. FATHER'S NAME LAST LAST KRAFT 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per ling PART I DEATH WAS CAUSED BY HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL VCOV IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o) stoting the under-OR AS A CONSEQUENCE OF lying couse lost HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CHYPIN IN PART 1 to CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA TO PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 IO MEDICAL EXAMINER: THIS CERTIFICAL
EXECUTE THE CERTIFICATE, WRITING THE
PAGE 4 SHOULD BE FORWARDED TO TH
TO FUNERAL DIRECTOR: PAGE 3 SHOULD
AFFER DEATH, WITH THE STATE DEPARTIME
BALTIMORE, MARTIMAND, 21201 PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21f. LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK Inquiry X X Inspection 🔀 27s. I contify that I look charge at the remains described above, held on Autopsy and in my opinion death resulted from Homicide Undetermined monner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN COUNTY STATE 3-26-87 Removal 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** State Anatomy Board Balto., Md. (VR A15 ME (5)) Davidson. 20M 4/B2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH A REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) -015 OF ESTI-SOHUSON 3 S. DATE OF 4 RACE AGE (IN YEARS I IF UNDER 1 YR. IF LINDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH OCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY Secretary Ft. Lauderdal esx Aragon Blvd., COUNTY 136. INSIDE CITY LIMITS? Flordia Broward NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Chauncy Johnson Deck Mary 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 Ford Circle, 21401 Billie M. Bruni, Annapolis, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC ) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Suicide death resulted fram Natural causes Hamicide Undetermined manner SIGNATURE AFTER D 23c. NAME OF CEMETERY OF FIND ETTS 3-10-1987 Hollywood Memorial Flordia Hollywood DHMA W. Burrier Jr. Sykesville Md. (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26. HOUR TYPE OR PRINT) ESTI-E. F. Kline Lorenzo 3/9/87.0 DEATH MATED am R FILES HOUR STREET 4. RACE 6 AGE (IN YEARS IF UNDER I YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE 1-15-1913 PRONOUNCED White Male 3/9/87 am DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Carroll Co.. Maryland U.S.A. DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Co. General Hospital Westminster Mechanic 136\_COUNTY 13d. INSIDE CITY LIMITS?
YES NO A 130 STATE 100 John Bennett Rd., 21784 Carroll Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kline George Baird Bessie 16h. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Edna M. Rhoderick, Same as 214-10-2220 No 18. CAUSE OF DEATH (Enter only one couse per line for (D), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hip fracture with complications, IMMEDIATE CAUSE (o)\_ including pneumonia and DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which myocardial infarction gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 Chronic obstructive pulmonary disease 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO T 21a EXTERNAL CAUSE WAS THE TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY LATHOME. 21f. LOCATION STREET, PACTORY, YARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN COUNT STATE Inspection X Inquiry X Autopsy and in my opinion Acadent X death resulted from Suicide Homicide .... Undetermined monner TITLE (SPECIFY) Deputy 3/11/87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Richard M. Jones, M.D. Carroll County General Hospital TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Burial 3-12-1987 Frederick, Frederick, Md. BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Charles W. Burrier, Sykesville, Md. (VR A15 ME (5)) 15M 7/77

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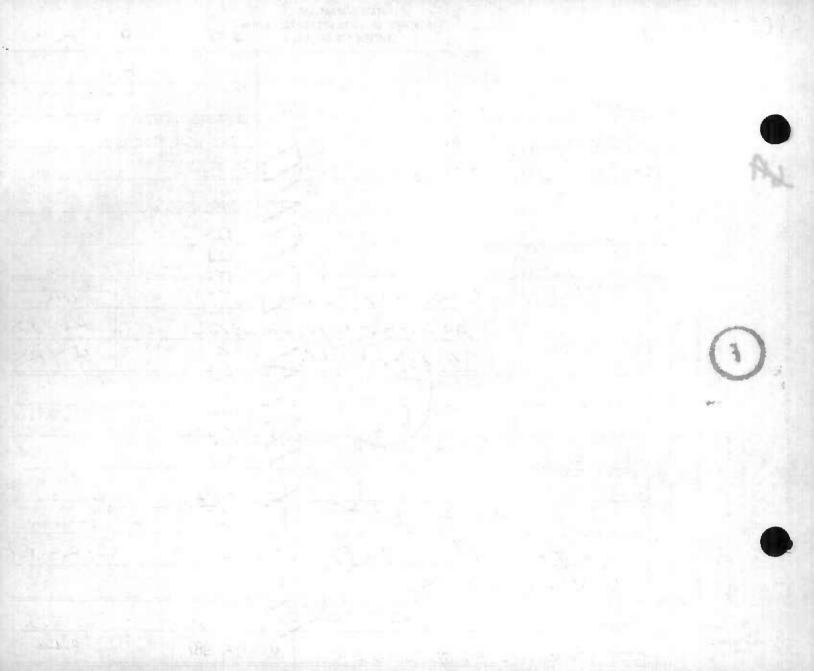
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STATE OF MARYLAND 04888 APR -1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGINO. I. DECEASED NAME 2a. DATE (TYPE OR PRINT) OF ESTI-4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS IF UNDER 1 YR. DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED OR OTHER INSTITUTION USUAL OCCUPATION I TYPE OF WORK 126 KIND OF BUSINESS VACIOUS Employment 3a. STATE 13e STREET ADDRES Valle; 14. FATHER'S NAME MIDDLE MIDDLE Leaver ADDRESS APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE A BURIAL - TRAITH AND MENTAL HIGH Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEAL CREMATION, lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION ACREATED THE WORLD TO THE CHIEF A FORWARDED TO THE CHIEF A FORWARDED TO THE CHIEF A FORWARDED TO THE STATE DEPARTMENT OF HE THE STATE DEPARTMENT OF HE 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DIVISION OF VITAL YES [] NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK AT WORK COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH HE STARTHEST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted for Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL COUNTY STATE 07/B4 BP 25M **DHMH - 17** 254 E. main St. (VR A15 ME (5)) Westminster, md. 245

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	3	mit.	CERTIFICATION	19a. DATE OF OPERATE	ON	19b. CONDITION	FOR WHICH	OPERATION	WAS PERFORMED		20a AUTOPSY?		S, WERE FINDIN	
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STATE OF MARYLAND 047492 HAR 19 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN YEAR 2b. HOUR (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 9 FOR YOUR FILES. ID WITHIN 72 HOURS KW, PRESTON STREET, L. 1319 87 MELV1N MATEC DEATH MATED 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE 24. YEAR LAST BIRTHDAY) PRONOUNCED PM Male White Aug 31 1932 54 DEAD YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland DIVORCED Carroll County WIDOWED AND TO THE FURTHER POUR BETHER W O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Landscaper barn - 2128 Reese Rd. Westminster USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Carroll Maryland Westminster 2128 Reese Rd. NO TOO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Malec Josephine Muszinski 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES NO, OR UNKNOWN) 219-28-0509 Ann Kowalski 5006 Grindon Ave. 21214 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PRECE 4 SHOULD BE FORWARDED TO THE CHIEF IN THE WIFF A SHOULD BE HOSE AND A SHOULD BE USED A SHEED BATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES K NO 210 FXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. III LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Natural causes K death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 3-15-87 SIGNATURE SIGNED. ADDRESS 111 Penn St., Balto., MD William M. Zane, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial Mar 19 1987 Gardens of Faith Baltimore 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH** - 17 Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

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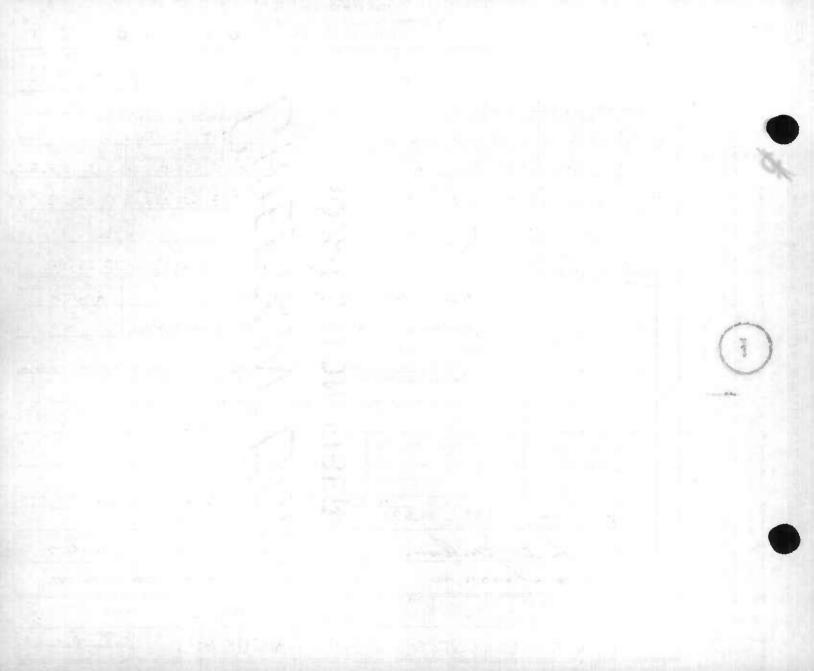
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STATE OF MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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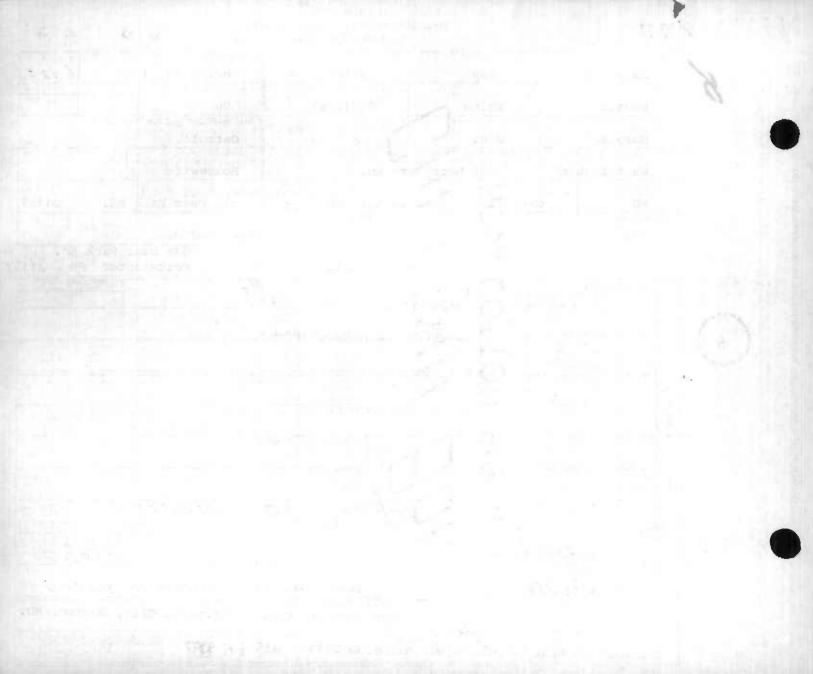
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5 5	£ 3 \$ +	23g.	BURIAL, CREMATION, REM	IOVAL 123	b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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DHMH - 16 (VRA			HATGHT FUN	ERAL	HOME	SYKESV	ILLE		AR 0 5 1987	Juliu d	Devideon.	Randaes



STATE OF MARYLAND

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		RST MIDDLE	LAST	20. DATE OF DEATH MONTH D	PAY YEAR 26. HOUR
tor. page 3 after death	Margaret	May	Mullen	March 14, 198	87 6.10 Am
moy moy	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
8 5	Female	White	03/12/97 YEAR	90 <sub>YRS</sub>	
2 hou	TO BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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with with	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
Eled T	Westminste:	638 Deer	Park Rd.	Housewife .	
illed in uld be nust be	USUAL RESIDENCE (IF NURSING 130 STATE 131	HOME OR OTHER INSTITUTION GIVE RESIDENCE B L COUNTY 136. CITY OR T Carroll Wes	OWN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 638 Deer Park	Rd. 21157
sha sha	14 FATHER'S NAME		IS MOTHER'S MAIDEN N	AME	
and 2	John first	MIDDLE LAST Kraft	Sarah	Ellen Hoffman	LAST
0 0	160 WAS DECEASED EVER IN				r Park Rd.
and co		FYES, GIVE WAR OR DATES)	26-0557 Edith M. Hu		
Pers. P		inter anly one couse per line for (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been igned in the offer mit. Then place a good prior to barrion committee, ony misery, as of strang	underlying cause	the dast. (c)  CANT CONDITIONS CONTRIBUTING	rule preumona	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110 , WERE FINDINGS USED YING CAUSES OF DEATH?
it pe					NO 🗌
Hyg Hyg	210. ACCIDENT WAS UNDERLY			JRRED (ENTER NATURE OF INJURY IN ITEM IB PA	ART I OR PART 2)
riolst montol	OR CONTRIBUTING CAU	SE OF DEATH	19		
this of the burner of the burn	(IF EITHER NOTIFY MEDICAL I	(AT HOME STREET FACTORY OF	ICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Afte os slith o	AT WORK AT WORK		3/10	2/75/1-2	
Heo Heo	sow the deceased of	is haspital) attended the deceased from		n death accurred on the date and haur	and from the course stated
d for	above, (I) (we) (did)	(did not) view the bady after death.	DEGREE	in dealth decorred on the date one hoof	22c. DATE SIGNED
toche toche Dep	Tada 1	ILL -	ATTENDING	MEDICAL STAFF	2/2/05
RAL det	proving	num	PHYSICIAN		3/10/17
o FUNERA hould be d	John wh	udel 6 for	12's C BACT.	BUD WEITHINTH	CUZOM
F € 3 ₹	230. BURIAL, CREMATION, REA		231. NAME OF CEMETERY OR CREMATORY	23d LOCATION	yguniHoward, si MD.
P	Burial	03/17/87	Good Shepherd Cer		
I - 16 60M 7/84 VRA 15, 4)	24 FUNERAL DIRECTOR NAME ECKHARDT FUN	ERAL CHAPEL, OWING	MILLS, MD 21117 N	IAR 1 6 1987	ARS SIGNATURE



executed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

117	0.2	C 11	FOR STAT
y be	ge 3	U III	TYPE OR PRIN
ige 4 mo	rector, page 3 ars after death		3. SEX
24 hours ofter death. Page 4 may be	444	30	7a. BIRTHPL.
us ofter	fled per	70	Syl
24 hou	and be	電く	130. STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. N	40. C	8	- 1	2	6
TE OF	FDEATH	MONTH	DAY	YEAR	7h HOL	JR.

и	5 L	0. 5.9					KEG. NO	).		
H		EASED NAME FIRST	WIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(TYPE	OR PRINT)		1/	20/0			2 9	77	1.44 -
		11010		100	416			0 1	0/	1:70 PM
	3. SE X		4 RACE	5 DATE C			6 AGE (IN YEARS LAST BIRT		F UNDER I YEAR	#F UNDER 24 HRS
		Famela	1.16 ita	MONTH	DAY	YEAR	- 01	/ Me	ONTHS DAYS	HOURS MIN.
		remale	While	9		02	0	YRS.		
2		RTHPLACE ESTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTI	RY? 8	- C veven	· · · · · · · · · · · · · · · · · · ·	9 BALTIMORE CITY OF	R COUNTY O	OF DEATH	
2.	C	OUNTRY)	116		D DIEVER A		Canal	10.	1	
_		May Jana	4.5.	WIDOWE		ORCED .	Carrol	Cou	Mry.	MD.
7	10 CL	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE		OR OTHER INST		120 USUAL OCCUPATION			F BUSINESS OR
У	9	Leanilla	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)			(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	4.
-		VKESVIIIE	Fair hav	en			Hobben	ren	LYDOR	10577C
-	13a. S	TATE 136 COUN			A 184 INICIDE C	TV 1111 (TCO 1	12 CIDERT ADDRESS /	ZID CODE		
	~	la a dand la cont	ITY I3c CITY OR T	OWN I	13d INSIDE C	_/	13e STREET ADDRESS /	ZIP CODE	1.70	217011
Ц	11	ardara Teu	TOU DUKE	) lul	YES 🗌	NO P	1900 11	TWICE	AUE.	2184
N	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S	MAIDEN NAM				
9		Chades	Standle		Hica.	San la	MIDDLE		LASI	1.00
£		Charles	2141126	ury	111111	Saran			1160	ams
Н		AS DECEASED EVER IN U.S. AR		ECURITY NO.	17 INFORMA	NT	ADDRE		1 Aro	
	{4	ES, NO ORUNKNOWN) (IF YES, GIV	WAR OR DATES	1-4548	Esid	naire	Lacy	nuc	200	71701
		NO I	XIJ UI	1070	TOU	Cive 1	SURED	OUL		X 107
			ly one couse per line for 1a1, (b)	ond (c).)			9		BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	( 44-	manh	1 05	THE	rol hil	/		NA THE RES
		IMMEDIAT	E CAUSE (o)	110 01111		1/1/	202010		-	
			DUE TO, OR AS A CONSE	QUENCE OF					The state of	
		Conditions, if ony, which	(							
		gove rise to immediate	(b)						-	
		couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF						
	0.77	underlying couse lost.								
		DARY O CTUER CICALIFIC AND	COLUMN CONTRACTOR							
	7	PART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING	IO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVE	N IN PART TIE	
	<u>o</u>									
Z	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
	윤							IN CERTIFY	ING CAUSES	OF DEATH?
	Ē						YES NO	YES		NO 🗌
7	8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)	
r"		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR						
1	5	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19						
1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	N	CITY OR TO		COUNTY	63.476
	Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
Н		AT WORK					1			
		220. I certify that (I) (this hospi	tal) attended the deceased fro	m	/13	19 86	_, to _ 3/9	, 1	981	hot (I) (we) lost
		sow the deceased alive on	3/9	87	nd that in (my)	(our) apinion de	eath occurred on the do	te and hour	and from the	nuses stated
		obove, (I) (we) (did) (did no	) view the body ofter death.					TE ONE HOU	ond from the c	ooses stored
		226 SIGNATURE	00 111		DEGREE				220 DATE	SIGNED
	.00	78	l's les mit			TTENDING	MEDICAL STAF		7/0	1/27
_			00			PHYSICIAN []	DIRECTOR   PHYSIC	IAN	1 -1	1/0
1		224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRES	5		,	-11	
		Ellic Mo			11410	- / 1	not Run	1 1	TIMPIC	were kon
		- 11.7 1 1/5			11143	60	erry 1000	+ '	-100-7	7/1/1/
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF C	EMETERY OR	REMATORY	230-LOCATION			
	1	BURIAL	03-12-87 E	BALTIMO	ORE NA	TL CEM		DE D	COUNTY AT TTM	DE MI
			100 111 07 1		OKT INV				ALTIMO	
		NERAL DIRECTOR	ADDRE	i.c		25a DATE	REC'D. BY REGISTRAR	REGISTR.	AR'S SIGNATI	JHE
	H	AIGHT FUNERA	L HOME SYKES	VILLE,	MD	MAR	1 2 1987	The sta	widow R	a chille
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DHMH - 16 60M 7/84 (VRA 15, 4)

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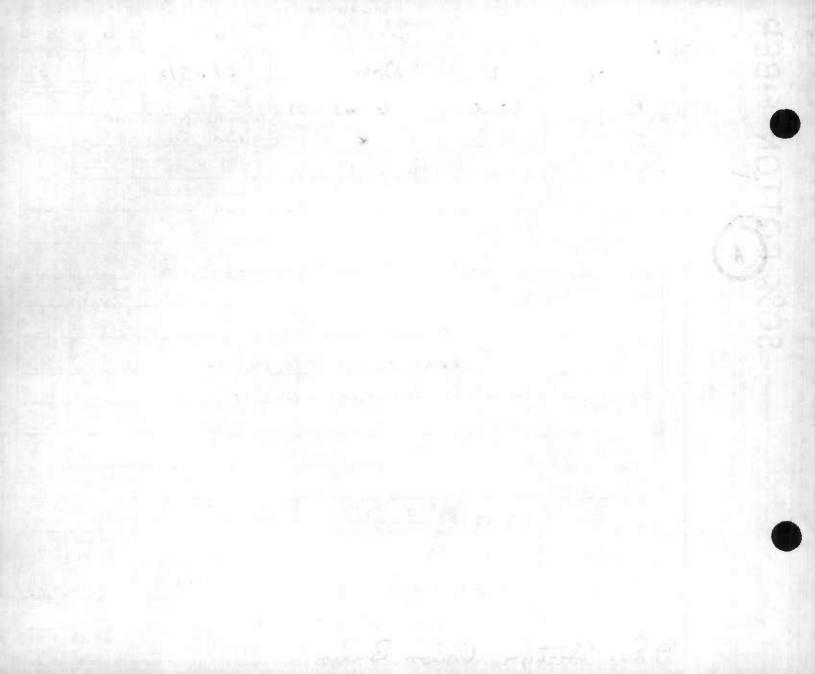
DHMH - 16 60M 7/B4

JIMIE OI MANILARD	5	TA	TE	0F	MARYLAND
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0000				STATE OF MARYLAND		
6809 MA	1	FOR: STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /REG. NO. 0	8 1 2 /
- 1		CEASED NAME FIRST	WIODIE	LAST		AY YEAR 2b HOUR
poge 3	(TYPE	THELP	1A Myrtle	NESTER	3/7/87	0530 A
	3. SE		4 RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
urs af		F	W	12 18 1903	8-3 YRS.	DATS HOOKS MIN.
22 hours	7a. 81	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
thin the		TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED NG HOME OF OTHER INSTITUTION	12g. USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
	6	vestmins Ten	CARROLL COME	TY GENERAL HOS	Tol Practical	Nurse
filled in	USU. 13a	AL RESIDENCE (IF NURSING HOME O	NTY 13c CITY OR TO		134 STREET ADDRESS 4 ZIP CODE 200 St. Luke	Circle 21157
Show Show	14. Ě	THERS NAME	100 - 17.	15. MOTHER'S MAIDEN N	AME	
事		Hopkins	Cour	rts Caldo	nia	Arrington
Poper	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SEC 1VE WAR OR OATES) 234-36-		adows Westminst	Strand. 2115
physicia reval		PART I. DEATH WAS CAUSI	/ ~ / ~ / /	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4 HOWS
# 0 0 d		IMMEDIA	TE CAUSE (D) AS A CONSEQUE	resident	١	
nave car ration, or troumoti		Conditions, if any, which	DUE TO, OR AS A CONSEQU	erebro vasculs	, accident	11
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			
d by the leose rei lal, crem or other		underlying couse lost.	(c)			
en pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART 11a
mut. The prior to ony inji	CERTIFICATION	190 DATE OF OPERATION	Ston : PRUS	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
8 9 9 9	FIC	THE DATE OF CITEMATION	The continuity on which	OF ENATION WAS TEN ORMED		ING CAUSES OF DEATH?
ronsit p Hygier B shor	CERT	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
草草豆		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
\$ 5 5 5	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
After t e os the alth one morked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, OFFICE	PARM, ETC.)		
teath teath		The state of the s	oital) attended the deceased from	12 23 8 19		9, that (I) (wa) lost
of to	2	sow the deceased alive or above, (1) (we) (did) (did no	n 3 7 8 7 19 ot) yiaw the body ofter death.	and that in (my) (🍑 ) apinion	death occurred on the date and hour	and from the couses stated
DIRE achec Dept If hen		22b. SIGNATURE		DEGREE	MEDICAL STAFF	22c. DATE SIGNED
det det		1)	ande	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	13/07/81
should be defi with the State		22d, PHYSICHAN'S NAME (TYPE	I CORE MMD.	P.O. Bx	n Unión	Bridge Md
O de y M	23a. 8	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	A COUNTY 3 3 THE COUNTY
	_	remation		arroll Cremation		arroll Md.
H - 16 60M 7/B4	24.19	H RALDIREGIOR T	omas D. Fleto	her & Son F. h.p.	TE REC'D. BY REGISTRAP 256 REGISTS	RESSIGN TURE

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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	0	8	i	2

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0	0 .	COM Y
	CEASED NAME	FIRST	1	MIDDLE	L	AST		MONTH	DAY YEAR	26 HOUR
{IAbi	E OR PRINT)	Clare	ence I	Leslie		Oursler		3/27	7/87	AM
3. SE	× Male		Cauc.		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE OR F	FOREIGN ]	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED XX	BALTIMORE CITY O	R COUNT	Count	ty MD.
	stminster		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I LOCUST H	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		LIFE) 126 KIND (	of Business or
) la.	AL RESIDENCE (IF NURS STATE Md.	136 COUN'	TY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Westmir	N	13d INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS . 603 Loc	zip cor	House	21157
0	clare	nce	C.	0urs1		Susie	MIDDLE		Rub	). ST
	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	718-12-		Edna Willi	estminster lams, Locu	st H	louse,	
	PART I. DEATH W	AS CAUSED  IMMEDIATE	BY			STOTIC CN	2010UASCOL	R.Da		XIMATE INTERVAL NONSET AND DEATH
CERTIFICATION	Canditions, if ony, gave rise to imm couse (a), stain underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA!	nediate ig the last.	onditions <u>co</u>		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE OR CON	20b. IF YE	ES, WERE FINDI	INGS USED
THE							YES NO		TIFYING CAUSES YES []	S OF DEATH?
MEDICAL CER	21g, ACCIDENT WAS UNE OR CONTRIBUTING C	CAUSE OF DEAT	P./	m, month da m,	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM TB	PART 1 OR PART 2)	
MED	WHILE NOT WHAT WORK AT WORK	ILE C	21e PLACE (	OF INJURY BET, FACTORY, OFFICE, FA	11	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) saw the decease abave (1) live) (c		2		-	d that in (my (aur) opinion of	. 10	ate and ha		that (I) we) lost e causes stated
	7% SIGNATURE	ne.	67	unlean			MEDICAL STAI	FF IAN	22c. DATE	ISTO
	Howard G	***	//				Westminst ington He	er. ghts	Md. 2	1157 Ctr.
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236. DATE 3/30/	/87 Var	Luti	EMETERY OR CREMATORY LET EMMANUE	23d LOCATION CITY OF TOWN  21 Manches	ster	county Carro	STATE
24 FI	Robert :	K. Pr	112 Wa	shingtor Sr., We	Roa estmi	inster, MD	RO3 1987	256 REGIS	Carro STRAR'S SIGNAT	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

1			STATE OF MARYLAND			
HAR 27 07	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 REG. NO		1 3 0
	ECEASED NAME FIRST	Dorothy	W. Ponsetto	3/23/87	76-5392	2b HOUR 2,30M
3 S	Female	White	5. DATE OF BIRTH	6. AGE (A YEARS LAST BIRTH		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
To los los los los los los los los los lo	BIRTHPLACE (STATE OR FOREIGN POUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Carroll	COUNTY OF DEAT	TH MD.
90 V	CATY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN CONTROL SUCH FACILITY, GIVE STREET	NUSTY CT	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Secretary	WORKING LIFE) INDUS	IND OF BUSINESS OR STRY Liversity
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Lryland Cari	VTY 13c. CITY OR TOW		300 Marga	zip code aret Ave	./21157
560"	FATHER'S NAME FIRST  James	Middle LAST	15. MOTHER'S MAIDEN NA	MIDDLE		lvin
16a	WAS DECEASED EVER IN U.S. AF (YES, NO OR LINKNOWN) (IF YES GI	MED FORCES? 166 SOCIAL SÉCU 167-07-		oray same a		
event, the	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and (b) BY TE CAUSE (b)	O. RESPIRATO	ORY ARRE	EST MET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ournotic ournotic	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF CHF.			
other tro	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF ASHD			
injury, a	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR COND	ITION GIVEN IN PA	RT 110
8 shows any injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b IF YES, WERE F IN CERTIFYING CA YES	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	TIN ITEM 18 PART I OR PA	RT 2)
rked or frem	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	ARM ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUN	NTY STATE
21 is mo	sow the deceased alive or	ital) attended the deceased fram	, 19 , 19 , ond that in (my) apinion	death accurred an the date	te and hour and fra	m the causes stated
ofe Dept	22b. SIGNATUR	_ rvo	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	F	25 87
PORTANI	22d PHYSICIAN'S NAME (TYPE O	OR PRINT)	3125 BACT	s, BWD, F	=1WKS181	URG, MD
5 3 € 7 32a	PURIAL CREMATION PENOVAL	Tash DATE Tas. N	NAME OF CEASIFIEDY OR CREWATORY	Tast LOCATION		

DHMH - 16 60M 7/B4 (VRA 15, 4)

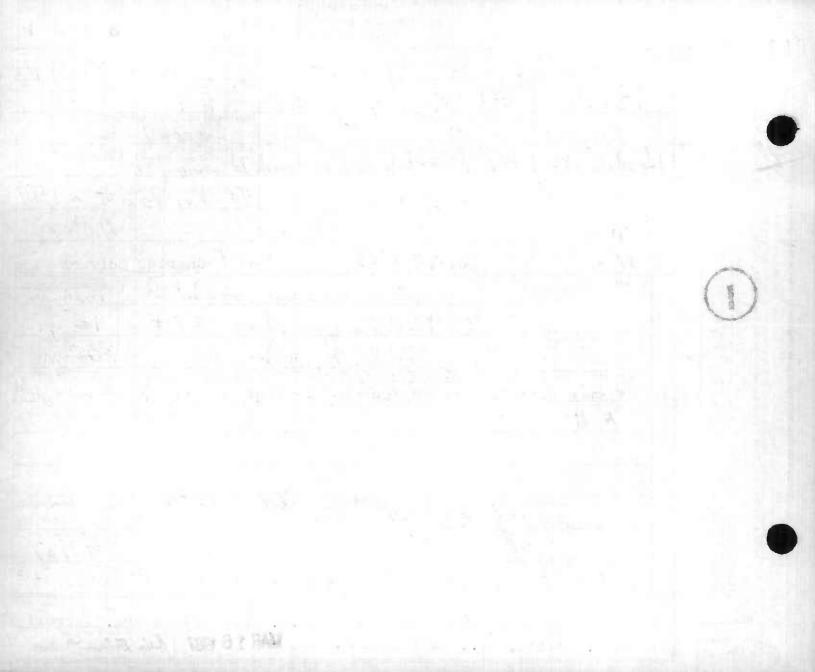
March 27

23b. DATE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Comment of the second s The state of the s The Property and the Contract of the Contract of the Charge of the Charg The state of the s

(VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4)

14.40 Jun 11 1895 101 US A Control House Rospland Mestown Marylow Comil Histories , 1234 Shorter H. 2057 217-54 7777 Pople T. Rice Tolers Rought 2124 John Physille B. H. pol. Berl 374-187 Dad Kaly

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE / REG. N	0 8 1	3 3
047571 MR 1	J. DE	EASED NAME CLASSIFICATION CORPRINT)	V JOHN	Rica	hards S.	20 DATE OF DEATH	MONTH DAY YEAR ANCH 15'87	7 11:59 M
oge 4 mo	3. SE	M	1 RACE Cauc	/ /Z	DE BIRTH  DAY  VEAR  - 29 - 16	6 AGE LINYEARS LAST BIS	YRS.	
death P death P death P death P	5	Cranton PA.	76 CITIZEN OF WHAT CO	MARRI		CARRO	OR COUNTY OF DEATH	MD
i Ather	U	estminster,	2645 ROB	L, NURSING HOME	har Rd.	12a. USUAL OCCUPAT	Service / hai	OF BUSINESS OR
AND 21	130/	TATE 136 COUNTY	ROTHER INSTITUTION GIVE RESIDI	OR TOWN	136 INSIDE CITY LIMITS?		obert Art	lu Kd.
1060		Jamue/	MIDDLE Rich	last 13	15 MOTHER'S MAIDEN N.	WIDDLE		has 5
TIMORE to energy and the transfer or and to Poppes or amidico		AS DECEASED EVER IN U.S. AR	WAR PROPERTY 166 SOCIAL STATES	01-9608/	Syratt a	Picherds	(wife)	
ST. BAL sufficate special smooth event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per line to (CED BY: TE CAUSE (a)	mial c	leath		APPRO BETWEET	DXIMATE INTERVAL IN ONSET AND DEATH
More of the second seco		Conditions, if ony, which	DUE TO, OR AND ACC	onstovence of	L'Ancina			
		gave rise to immediate couse (a), stating the underlying cause last	101	while (	arcinoma			85
ORDS, 2 requires 1. Then p or to bur	TION	PART 2 OTHER SIGNIFICANT (						
A REC	CERTIFICATION	190 DATE OF OPERATION			N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO _
NOFVI	CAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	JRY IN ITEM TB PART ( OR PART 2)	
DIVISIO Professional Cherithis on the to	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC )	711 LOCATION STREET	CITY OR TO		STATE
ATTEND oppital a ECTOR v of the vise of the vise of the vise of the vise of the vise		220.1 certify that (1) (this hospi saw the deceased alive an e) (did) (did no	ital) attended the decease 3 - 14 at) view the bady after dea	1987	nd that in (my) (aur) apinior	, ta Preserving death occurred an the d	ate and hour and from th	
TAL OR WAY the he had been detected to the bear the house to the bear the b		Man 1	Suffici	It		MEDICAL STA	FF   2_	15-87
O HOSPIT TO FUNE Phould be with the St		DEAN H.	GRIFFI	N	19Ridge	Rd., We	Stransfe	- 130,5
BP	130 8	JRIAL, CREMATION, REMOVAL	3-18-198	7 54. Ja	SEP CATHOL	23d. LOCATION CITY OR IT ON TOWN		prof.
DHMH - 16 50M 1/B1 (VRA 15, 4)	TA	NAME ()- Fletch	ler West	ADDRESS fer	MA. MA	R 1 7 1987	256 REGISTRAR'S SIGNA	TURE

Maybed Could Witnesder & Zing That Ash A Smul Richards they Steems 3 2 1/1 set I I THEN THE YEAR 15.00.1 3-13-1987 St Joseph Catholic Frontes Cornell 1981 There is Fletch - Lothenton The will a will a state of FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	0	8	1	3	

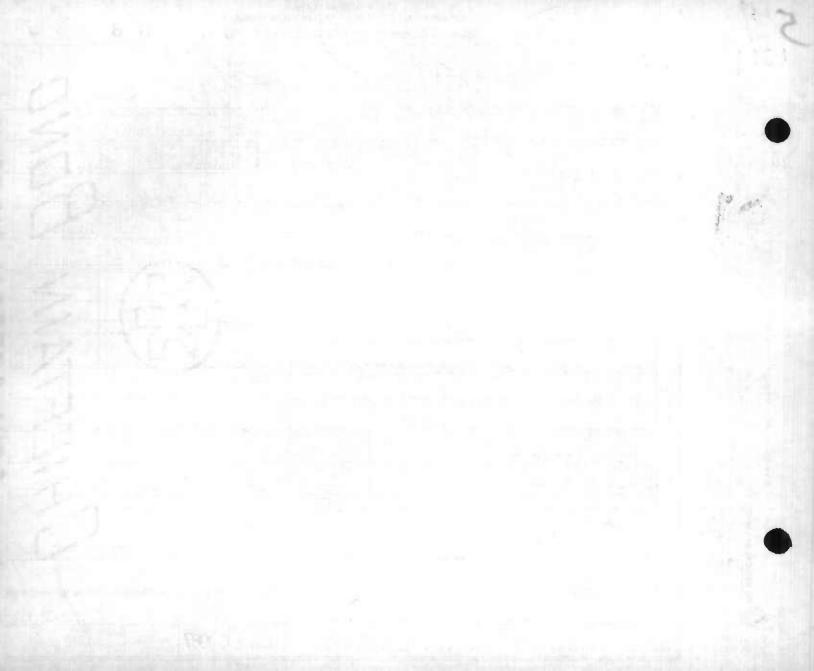
	- STATE	CERTIFICATE OF DEATH	REG. NO.	10109			
	I DECEASED NAME FIRST MIDDLE [TYPE OR PRINT]	1AST Ridgely	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
Į.	Louise Catherine	RIDGE14	March 14	1987 1700 M			
ľ	3. SEX	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
+	- Female white	10-14-90	7.6 YR				
+	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUL	in to			
1		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR			
1	Vestmenster Westmins	TER NUTSING HOME	HOMEINIKES	IGLIFEI INDUSTRY			
1	ISUAL RESIDENCE IN NURSINGHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFO 130. STATE 138 COUNTY 138 GITY OR TO		136 STREET ADDRESS / ZIP CO	PDE 27794			
4	14 FATHER'S NAME	15 MOTHER'S MAIDEN NAM	ME MIDDLE	11 malast			
4	George H. Wolt	e MARY	ADDRESS	Hottman			
1	160 WAS DECEASED OVER IN U.S. ARMED FORCES? 160 SOCIAL SEC (YES, NO OR UNKNOWN) (HEYES, GIVE WAR OR DATES) UNK	Weethington	Ridgely C	ooksville, md.			
ľ	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), a	nd (c.)	01	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HSCVD _		3 years			
1	DUE TO, OR AS A CONSEQUENCE OF						
1	Canditions, if any, which (b)						
١	couse (o), stating the underlying cause lost	JENCE OF					
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a			
1	5 (Tostrorulestenal beleeding						
1	190 DATE OF OPERATION 196. CONDITION FOR WHICE 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
4			YES NO NO	YES NO			
1	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
ı	(IS SITHED NICTEY ASSOURDS PAA	19					
I	21e PLACE OF INJURY WHILE AT WORK AT WORK	SARM, ETC.) 211. LOCATION	CITY OR TOWN	COUNTY STATE			
ı	270.1 certify that (1) (this haspital) attended the deceased from	3 -15 10 20	3 - 14	19 87 that (I) (Weilast			
ı	sow the deceased olive an 3 - 14 above (11) we) (did (did not) view the bady after death.	87, and that in my (our) apinian o	death occurred an the date and				
ı	226. SIGNATURE	DEGREE		22c. DATE SIGNED			
	aller of Balberland	ATTENDING APHYSICIAN	OMEDICAL STAFF	3-14-87			
	22d PHYSICIAN'S NAME (TYPE OF PRINT)	120 ADDRESS 330	140, VIllage	Road			
1	HIVA S. Water	westn	inster mid a	1157-6116			
1	230 BURIAL, CREMATION, REMOVAL 236 DATE 236	NAME OF CEMETERY OR CREMATORY	23d LOCATION	1 goulity / stale /			
-	Dural 15-14-81 1	Ict - Flew Cliniting	7/14 most toval	e Howard Tha.			
- 2	24 FUNERAL DIRECTOR. 1		REC'D. BY REGISTRAN 256. REC	SISTRAR'S SIGNATURE			

DHMH - 16 60M 7/84 (VRA 15, 4)

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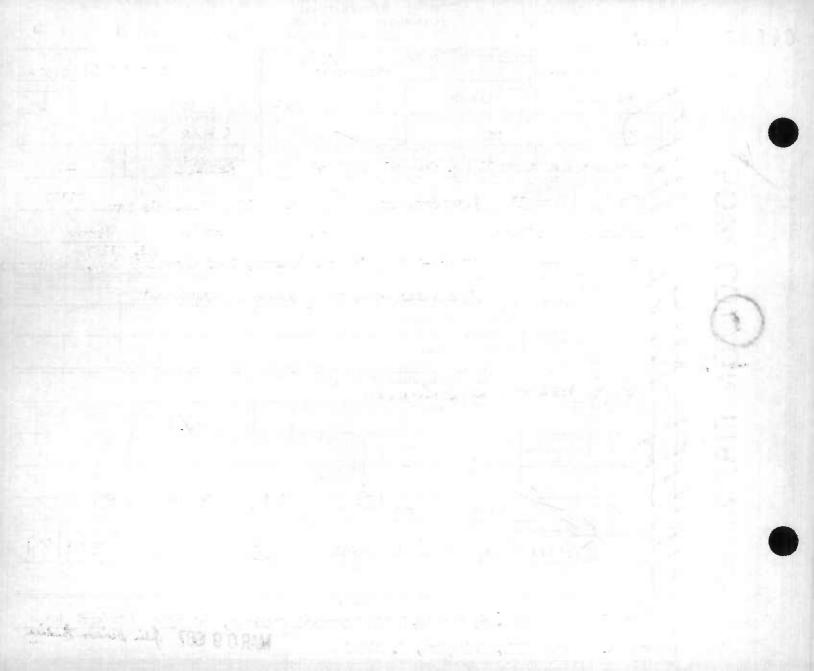
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR DECEASED NAME O DATE KNOWN IX MONTH (TYPE ORPRINT) ESTI-DEATH MATED 3-27-87 10 RUHS JOHN CT AYTON 4 RACE 5. DATE OF BIRTH AGE (IN YEARS 3 SEX IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 3-27-87 10 11:05 DEAD MALE WHITE 40 46 Th. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED & Carroll County U.S.A. WIDOWED [] Maryland D. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Lane Off Murray Rd. Finksburg, Md. U.S. Gov't Finksburg Maintenance SUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1131 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS. Maryland Baltimore 529 S. Brunswick St. YES NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ruhs Hilda Arnold John Henry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANI ADDRESS (YES, NO. OR UNKNOWN) 218-36-2009 Hilda Fefel 529 S. Brunswick St. 21223 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: Multiple shotgun wounds IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL HEALTH AND MEI
AL, CREMATION, C lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION MER: THIS CA.
ICATE, WRITING Th.
F. FORWARDED TO THE C.
TR. PAGE 3 SHOULD BE USED.
ATE DEPARTIMENT OF HEAL
TO SHOULD BE USED.
TO SHOULD BE USED. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 71a EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TOR 9:50RM 3-27-87 subject shot CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE Lane off Murray Rd. Finksburg, Maryland in a car EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 2 Autopsy XX 220. I certify that I taok charge of the remains described above, held an Inspection Inquiry and in my opinion Homicide X death resulted fram: Antural causes Accident Suicide L Undetermined monner TITLE (SPECIFY) ACTUAL DATE 3-28-87 MA Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 4/2/87 Loudon Park Cemetery Baltimore 07/84 Burial maryland 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. MAR 3 0 (VR A15 ME (5))

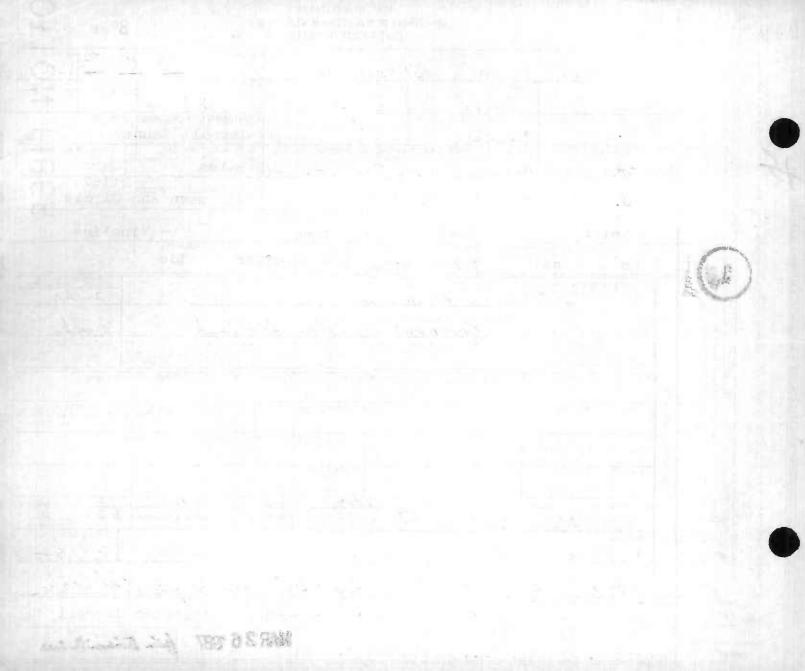


Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/84 (VRA 15, 4)



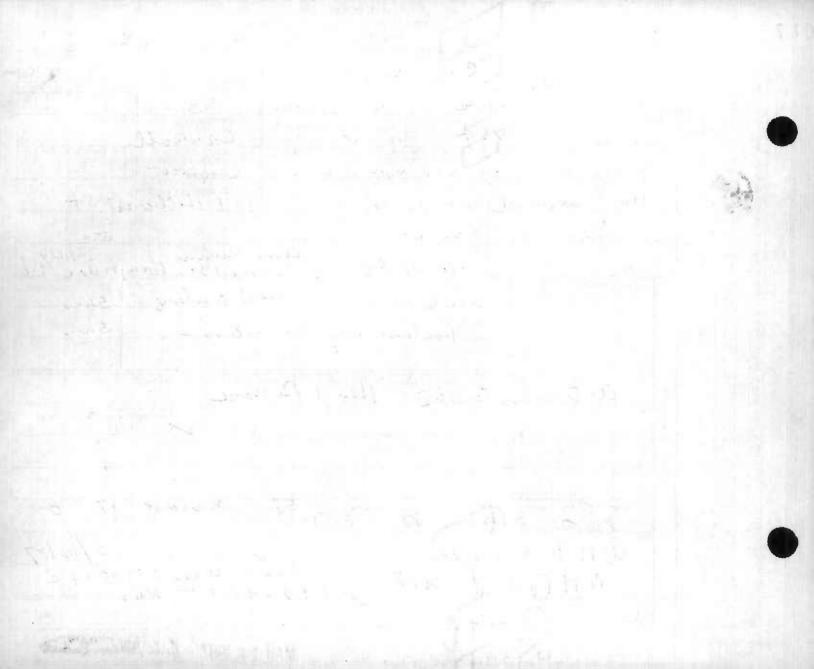
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	ρ <u>5</u> .	ed o	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME O		MOITUTIT	12ª USUAL	OCCUPATIO	N	12b. K	(IND OF	BUSINESS OR
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	o .	0/	16a V	VAS DECEASED EVER IN U.S.		166. SOCIAL SEC	URITY NO.	17. INFORMA			ADDRES				
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ALT	9	A 100		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), c	and (c). I						- BE	APPROXIMA	ATE INTERVAL
	ifico	100		PART I. DEATH WAS CAL	ISED BY:	11	DOXIG							a di	
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ORDS	requi	in in	CERTIFICATION						16.2						
ŭ	5 6 ×	D on o	CA	190 DATE OF OPERATION	196 COND	DITION FOR WHIC	H OPERATION	WAS PERFO	DRMED	20a AUTO		206. IF YES	YING C	FINDING AUSES O	S USED F DEATH?
ALR		shows	TIE							YES 🗌	NO		S 🔲		NO 🗌
<u> </u>	physic physic tificate	OI W	Ü	210 ACCIDENT WAS UNDERLYING		OF INJURY	DAY YEAD	21c. HOW IN	JURY OCCURR	D (ENTERNA	TURE OF INJURY	IN ITEM 18 P	ART LORP	AR1 2}	
0	4 a =	tental tem	AL	OR CONTRIBUTING CAUSE OF	DEATH	.M. MOITH L	19								
NO O	PHYSICIAN: ending physical this certifical	or h	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATI							
≥	O to b	os the Ith ond arked	ME	WHILE NOT WHILE AT WORK	(AT HOME ST	TREET, FACTORY, OFFICE	FARM ETC )	STREE	1		CITY OR TOW	1	COU	NIY	STATE
	ral or	ealt mo		220.1 certify that (1) (this ha		he deceased from	3	114	. 19 87	, to	3/16	<del>)</del>	198	Z , the	at (1) (we) last
	TTE pital	of H		saw the deceased alive above, (I) (we) (did) (did	on 3/	19 19 19 1	87, on	d that in (my	) (our) opinian d	eath accurre	d on the date	and hou	r and fro	om the co	uses stated
	OR A be has	ept.		226. SIGNATURE	nor view the body	r difer dedin.	[	DEGREE				-	22c.	DATE SI	GNED
	the h	= =		( Faul	C 70	tot	m	>	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	AN	13	5/19	87
	ned by the	Stor ANT		224. PHYSICIAN'S NAME (TY	PE OR PRINT)	,		22e ADDRES						1	1
	TO HOSPITAL O etoined by the TO FUNERAL DI	with the Stot		PAU!	E. Fe	sest		218	abolin	ton	Heigh	to 1	Med	G	7 ten
	T e J.	5 3 ≧		urial, cremation, remov	AL 236 DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d LOC/					
	BP			Burial	3/22	/87 K	rider	's Lu	theran	We's	stmins	ster	Car	rrol	.1 MD
	AL HAH	60M 7/84	24 FL	JNERAL DIRECTOR 412	Washing	tonRoad	i		1440	2 884	EGISTRAR 25	REGIST	RAR'S S	GNATUE	₹E
	(VRA		Ro	bert K. Pri	tts. Sr	West	minst	er, M	ID I	20 5	101	-	Same.	n-k	-
			227												



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNX DAY (TYPE OR PRINT) ESTI-FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED 3-26-87 HARRISON SMITH CIV & AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 3-26-87。 11:177 1987 White DEAD Male Feb. To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore □Carroll County WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Carroll County General Hospital FOR MOST OF WORKING LIFE) Westminster USUAL RESIDENCE (IF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21048 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 2824 Laws Carroll Finksburg Lawndale Rd. aryland NO K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Petajnik Smith Gloria Jean E CHIEF MEDICAL EXAMINER ALOURS AFTER BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 VI OF HEALTH AND MENTAL HYGIENE, DIVISION BURIAL, CREMATION, OR REMOVAL. Guv Grav 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) Gloria J. Petajnik same as No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. RITING THE WORD "PENDING"
RDED TO THE CHIEF MEDICAL BE 3 SHOULD BE USED AS A BURE EDEPARTMENT OF HEALTH AND OF PRIOR TO BURIAL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY CATE, WRITING THE FORWARDED TO TH UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMNER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE 09 BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE X 278. I certify that I took charge of the remains described above, held an Inspection and in my opinion Natural causes Homicide Suicide Undetermined manner TITLE (SPECIFY) 3-26-87 DATE SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M. D. DORESS 23a BURIAL, CREMATION REMOVAL Burial Westminster Cemetery Westminster Carroll "Nd. 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR **DHMH** - 17 Fletcher & Son Westminster Md. ina Dividen. (VR A15 ME (5))

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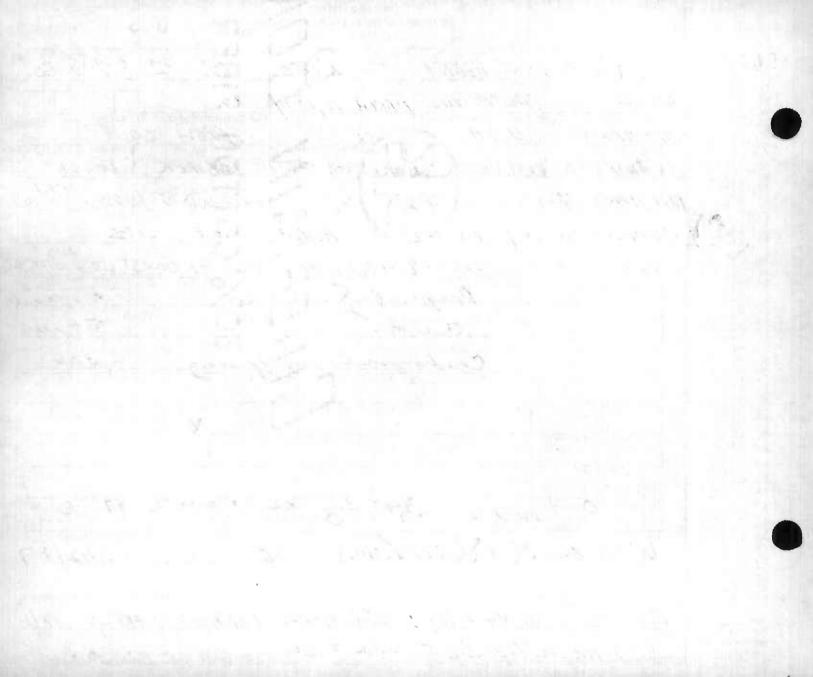
				STATE OF MARYLAND							
47808 MAR 2	1	FOR  STATE  REGISTRAR	DEPARTN	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							
2	1 0	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR					
. 76		E OR PRINT)	R,								
4 600		9000ge		Sny dec	3	16 87 10:30 pm					
K	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.					
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2 12 3	, Pa. B	IRTHPLACE   STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH					
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e and B	130	STATE 136 COUI	NTY 131. CITY OR TOW	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	15/2/0/9					
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YSIC ding s cert s cert	₫	(IF EITHER, NOTIFY MEDICAL EXAMINE		19							
PHY endir this down down down	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY					
DIVISION OF PROPERTY OF THE OF	1	WHILE NOT WHILE AT WORK									
			ital) attended the deceased from	aug 195/	to March 16	19, that pro (we) lost					
ATTEND ospitol		sow the deceased live or above. (li)(we) toid (did no	ot) view the body after death	, and that in (my) our) opinion	death occurred on the date and have	ur and from the causes stated					
te be be be		226. SIGNATURE		DEGREE		22c DATE SIGNED					
생후 생물을 다		With	and us	ATTENDING PHYSICIAN [	MEDICAL STAFF	13/16/87					
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TO HOSPITA reformed by TO FUNERS should be da with the Stor	22.	BURIAL, CREMATION, REMOVAL	Tab DATE Too	IAME OF COMETERY OF CREMATORY	23d LOCATION						
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DHMH - 16 50M 4/83	Z4 F	UNERAL DIRECTOR	ADDRESS	250 DAI	E REC'D. BY REGISTRAR 256, REGIS	49.22					
(VRA 15, 4)		Ellie Funera.	l Home Hampste	ad, Md. MAK	18 1981 Ames &	March Mr. Company					



						OF MARYLAND		
1398 APR -6	71 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO.	8   4 0
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nerol dir		RTHPLACE (STATE OR FOREIGN MAIRYLAND	U.S.A.	HAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY CARROLL	Y OF DEATH
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24 hour	MI	TATE 13 CAR		UNION BI		134 BEIDE CITY LIMITS?	131 TOBETS DO PER IN 19 STD	21791
Cooking within	14. FA	ROY <sup>RS</sup> CECIL KEE	FER	LAST		15. MOTHER'S MAIDEN NAME IRE	ME ENE GARNER <sup>E</sup>	(A51
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the hospital DIRECTOR AT THE POST OF THE P		22b. SIGNATURE	or view the body o	Her death.	[	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2n DATE OF DEATH MONTH ,50M 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IE LINDER 21 MPS DAYS 1 STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH WEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY 1200 34 INSIDE CITY HAVITS? 13e STREET ADDRESS / ZIP CODE 160 WAS DECEASED EVER 17. INFORMANT 21157 LIFYES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 100 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES [ NO [ iol-transit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1)(this hospital) ottended the deceased fram. sow the deceased alive on march , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death old be detoched the State Dept 22b SIGNATUR DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS ŧ 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION BP 250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



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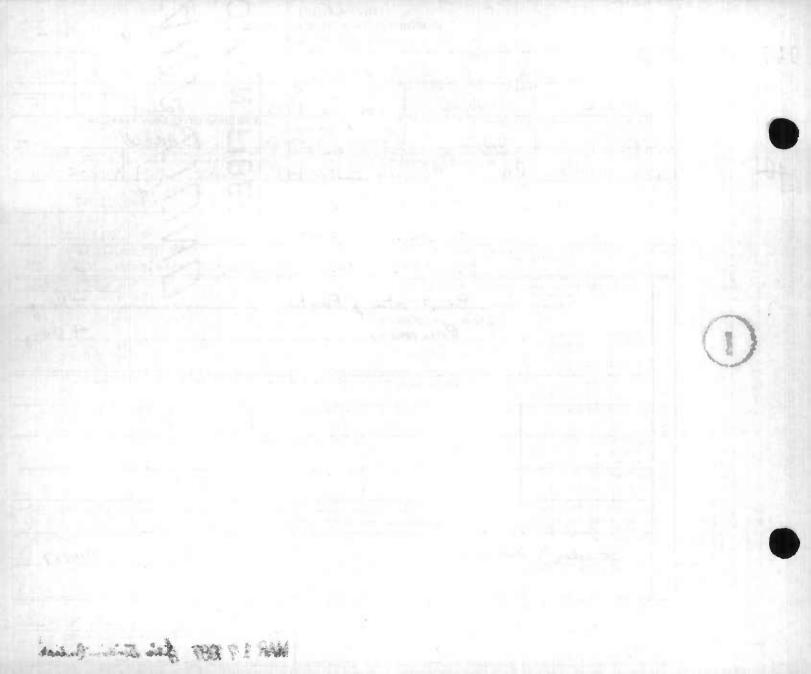
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DHMH - 16 60M 7/84

(VRA 15, 4)

Skiles Funeral Home

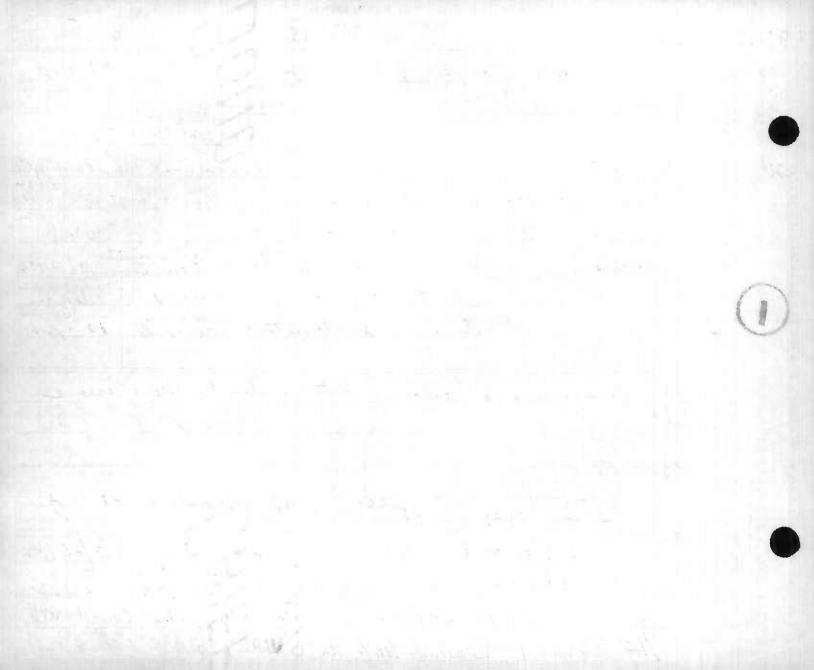
STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Robert Thomas E 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS. MONTH BLACK YEAR MALE 897 TE BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland COUNT U.S.A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) nemorial HUE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1+OSPITA LINEStimister md Albert F. Goetzes Meat Company SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN Hospital, Sykesvi md 21784 13e STREET ADDRESS / ZIP CODE . SYKESVILL CARROLL MIC NO [ neld 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Gibbs John Thomas Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Alethia Henderson 1108 Kenwood Ave. 21213 216-07-9919 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 191, 10), and 10. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSTQUE Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 706. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TO PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on ond that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d PHYSICIAN'S NAME (TYPE OF PR 22e ADDRESS ould b 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIEVE Baltimore Maryland 4-1-87 Baltimore Cemetery Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) Bailey Funeral Home 1348 N. Calhoun St. 21217

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22 00	17.5		saw the deceased live an	3/2/18	and that in (my) (aur) apinian	death accurred an the date and hour	and fram the causes stated
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## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR IN should be detached for use with the State Dept of Hea

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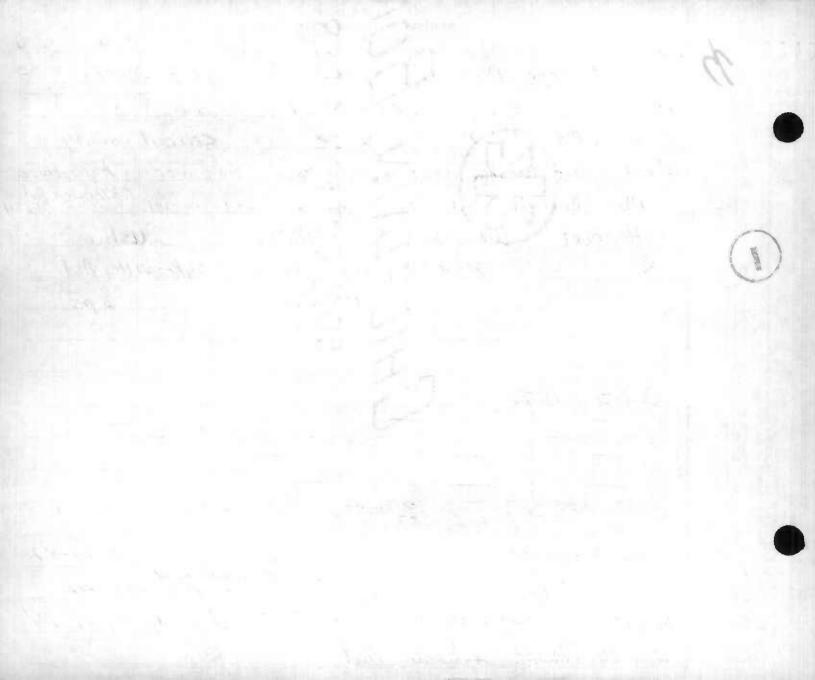
PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	B REG. NO.	0	3	1	4	
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IS CITY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOW HOLE SUCH FACILITY GIVE STREET ADDRESS.	AE OR OTHER INSTITUTION	12s USUAL OCCUPATIO	ON 125 AND OF BUSINESS OF INDUSTRY
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77d PHYSICIAN'S NAME LIVE GRINING	1 111	ne popes/A	10 Blan	7
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36 BURIAL CREMATION, REMOVAL 236		F CEMETERY OR CREMATORY	234 LOCATION	2 0 - 10000 2 100 100
44.4	/20/87 Deer		Smallwoo	d Carroll MD.""
4 FUNERAL DIRECTOR 412	washing ton noa	A A A A	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
Robert K. Pritts	, Sr., Westmin	ster, MD MAK	23 1987 4	ulia Divideon Parlate

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT IF hem 21 is





412 Washington

Robert K. Pritts, Westminster, MD.

FOR

1 DECEASED NAME

| SPECIFY) Burial

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 2b HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Dairy Bar Dairy 13. STREET ADDRESS / ZIP CODE 1849 Old Taney town Rd. Wenrich ADDRESS 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH METASTATIC CARCINOMA OF PROSTATE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY , and that in (my) (our) printon death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

Finksburg Carrol

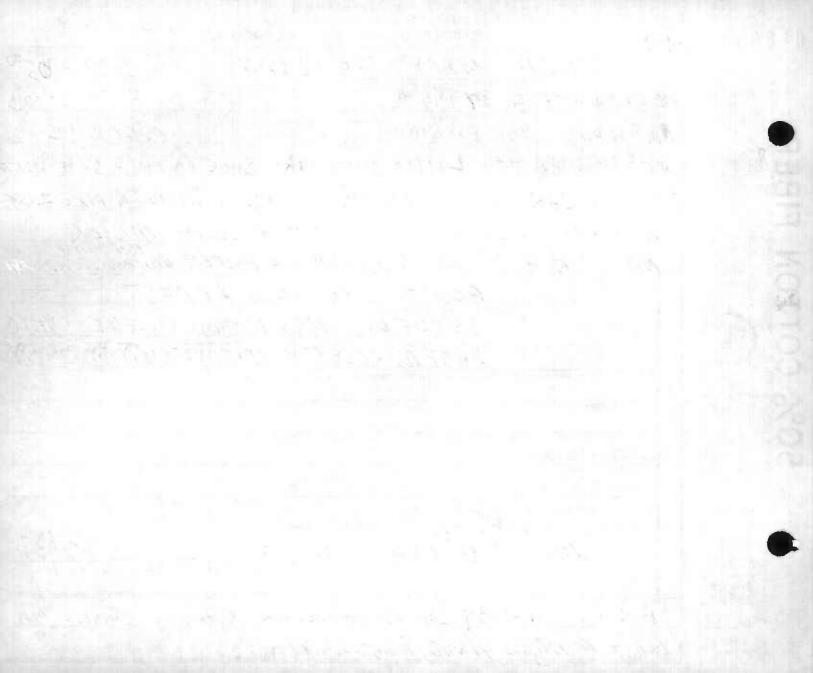
D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Evergreen Memorial

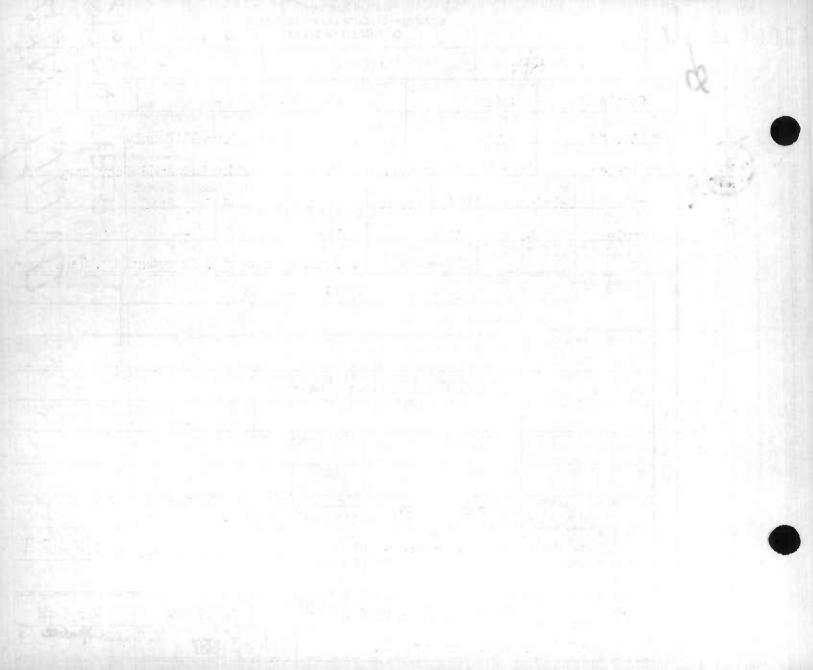
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH RECISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY KIND OF BUSINESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES: NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' Conditions, il ony, which gove rise to immediate couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id WRITING THE CHIEF MEST ARE STOOM SHOULD BE USED AS A BURE STOOM SHOULD BE USED AS A BURE TO BURIAL, CREMA CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion deoth resulted from Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION NEW MEMBRIAL DORK Res / 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



(VRA 15, 4)



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2g. DATE KNOWN TYPE OR PRINTS S NECESSARY, PLEASE FUNERAL DIRECTOR... S FOR YOUR FILES... D WITHIN 72 HOURS W PRESTON STREET, ESTI-DEATH MATED Wolford Brent 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR SEX 5. DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED DEAD Male White 6 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Carroll ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS M. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Westmins ter County Gen'l Hospital Electronic Buver USUAL RESIDENCE (IF IN NURSING, TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Road 21074 131 COUNTY 13g STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Carrol Hampstead YES 🗍 NO 問 Beckleysville Upper 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST LAST MIDDLE FIRST Wolford E. Ralph Amelia Prince 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR LINKNOWN) 220-64-6301 Mrs. Cindee Wolford, Hampstead 18. CAUSE OF DEATH (Enter only one cause per Inglar (of, (b), and (g) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY UCIDOS15 Dringing to IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause lost, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY LATHOME 21d. INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE Inspection 27a. I certify that I took charge of the remains described obove, held on Autopsy death resulted from Homicide Undetermined manner LE (SPECIFA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23g. BURIAL, CREMATION, REMOVAL THE DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Greenlawn Mem. Pk. Burial 3-6-87 Williamsport Wash. BP Md 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE DHMH - 17 Funeral Home, Hampstead, Md. (VR A15 ME (5)) 15M 7/77

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U T J U I I KIK		GEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF E	EATH MONTH	DAY	YEAR	2b. HOUR
oy be deoth		ZUCK,	AL.	VIN	0	Zt	JCK			3	23	87	1443 M
poor de de	3 SE		4.	RACE		5. DATE	OF BIRTH		6. AGE IN YEA	RS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
ctor.		Male		Ca · uc		MON	2	1910	76		MONT	HS DAYS	HOURS MIN.
D 0 10 10 10 10 10 10 10 10 10 10 10 10 1		RTHPLACE (STATE OR FO			WHAT COUNT	TRY? 8.	6			E CITY OR COL	RS. NTY OF	DEATH	
1 1 1 N		OUNTRY)		USA		MARRI		R MARRIED					
	10 C	PA . TY OR TOWN OF DEAT	'н 11		HOSPITAL, NU	WIDOW		DIVORCED	12a USUALO	COLL C			MD. F BUSINESS OR
1 60		Westmins	ter	arro	III Cou	inty Ge	epera	1		or most of work		alth	Dept.
NND 21 24 ho ould be	130 S MD	AL RESIDENCE (IF NURSINGTATE	Carro	11	136 CITY OR		13d. INSIDE	CITY LIMITS?	13. STREET A	Stone	Cha	21 pel	157 Rd.
tely 2 sh	14. F.	THER'S NAME		DLE	LAST		15. MOTHE	R'S MAIDEN NA	ME			811	
AN P PEROPO		Charles	MIL	DUE		ick		Stella	3.	MIDDLE		Br	own
A Cold		VAS DECEASED EVER I				SECURITY NO.	17 INFORM			ADDRESS			0 11 11
IMORE, or e execut	(	YES, NO OR UNKNOWN)	(IF YES, GIVE W	/AR OR DATES)	212-1	8-2098	Ruth	n M. 1	3e				
ALTI re b icror sers.		18 CAUSE OF DEATH		one couse ne			1					APPROX	MATE INTERVAL
st., BALT rifficate b physicio pnpopers- emovol.		PART I. DEATH WA	S CAUSED I	BY.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IAC	ARRES	7			1Mme	
N SI			MMEDIATE				741	,				779746	
RESTON e deoth ce move corb notion, or r		Conditions, if ony,	which	DUE TO, C	OR AS A CONSI	~	MONA	av ET	EMA			min	
PRE de de de montre de		gove rise to imme	ediote	(6)		1	-1010141	7	-7117			711770	
W of the series		couse (a), stating underlying couse		DUE TO, C	R AS A CONSI	CUTE	111/1/2	AR DIAL	11500	00-01		11	
201 es th	. 7	PART 2 OTHER SIGN	IFIC ANT CO	NDITIONS C							LCIVENII	NI DADT 1	
quire quire sign to bu	N	770072	I ICAITI CO		OTAL KIDOTIF VO	NO DEATH DO	NOT KELAT	ED TO THE TERM	WAL DISEASE	OK CONDITION	4 OlaFia II	STAKE III	
been mit. I	CERTIFICATION	19a DATE OF OPERATI	ION	196 COND	OITION FOR WE	HICH OPERATIO	N WAS PERI	FORMED	20a AUTOP	SY? 20b.	F YES, WE	RE FINDIN	4GS USED
L RE to no. no. no. no. no. no. no. no. no. no	IFIC								YES	NODINC	YES [	CAUSES	OF DEATH?
III The sicio	ERI	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME C	OF INJURY		21c. HOW	INJURY OCCUR				OR PART 2)	
NOF VI		OR CONTRIBUTING C			.M. MONTH								
ON OF VITAL HYSICIAN: The ding physicio is certificate busicl-transit Mental Hygier Or flem 18 sho	MEDICAL	(IF EITHER NOTIFY MEDICA			OF INJURY	19	21f LOCA	TION					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 DING PHYSICIAN: The low requires that the death certificate be executed within 24 h or ottending physicion.  After this certificate has been signed by the ottending physicion and completely filled e as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the off hand Akental Hygiene prior to burial, cremation, or removal.  manked or Item 18 shows any injury, or other traumotic event, the medical examinations.	ME	WHILE NOT WHILE	£ 🗍	(AT HOME, ST	IREET, FACTORY, OF	FICE, FARM, ETC )	STR		886	CITY OR TOWN		COUNTY	STATE
NS A SE HEOL		22a.l certify that (1) (		) ottended tl	he deceased fr	CAM		19_18_		PRESENS			that (we) lost
CTC CTC CTC Spirt CTC Spirt Sp		sow the deceased above, (1) (we) (di	d olive on d) (did not) v	view the body	ofter death.	19_8_/		y) (our) opinion	deoth occurred	on the date on	d hour one		
SPITAL OR A J by the hor NERAL DIREC be detoched e Stote Dept. TANT: if hem		22b. SIGNATURE		1/			DEGREE	ATTENDING .	MEDICAL_	STAFF		22c. DATE	1
Y The Adet of the Poster Poste		unear	95/	140	core	- Ja .	MO	PHYSICIAN C	DIRECTOR			3/2	+3/87
FU POR H		22d. PHYSICIAN'S NA/	ME PRESER	RINT)		0.	22e ADDR	ESS					
Of Sp. 7	23a E	BURIAL, CREMATION, R	EMOVAL	23b. DATE		23c NAME OF	EMETERY O	R CREMATORY	23d. LOCAT				
BP		urial	450	3/26	/87	Evera	reen l	Memoria		s shira		PO11	STATE
DHMH - 16 60M 7/84			412 W		gton I	Road		25a	2714	AR 256	STR	SEGNAT	The Shee
(VRA 15, 4)	R	obert K.	Prit	ts, S	r., We	estmin	ster,	MD		(A)			Carrie

